# Governing the Pandemic

## The Politics of Navigating a Mega-Crisis

Arjen Boin · Allan McConnell ·
Paul 't Hart

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## The Politics of Navigating a Mega-Crisis

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Arjen Boin
Department of Political Science
Leiden University
Leiden, The Netherlands

Allan McConnell
Department of Government and
International Relations
University of Sydney
Darlington, NSW, Australia

Paul 't Hart
School of Governance
Utrecht University
Driebergen-Rijsenburg, Utrecht
The Netherlands

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# Preface

For long-time students of crisis management, COVID-19 is 'the big one'—the scary Future Crisis so often announced and discussed in the literature: truly global, arriving slowly and lasting for a very long time, with devastating impacts. COVID-19 was the ultimate stress test for plans and preparations, for political and administrative leadership, for societal and institutional resilience.

In this book, we wield the tools of crisis studies to understand and explain the dynamics of governmental and societal responses during the first twelve months of this crisis. This is not a detailed case study with timelines and statistics. Our focus is on how governments, particularly those of the advanced economies (that we are most familiar with) have responded to the pandemic, to the complex, transboundary multi-crises it has generated, and the ways publics reacted to the various responses.

To write a book about COVID-19 while it is still unfolding is an inherently premature endeavour. The pandemic is still with us. The long shadow it will cast on our societies is only beginning to form. Much about what has happened behind the scenes of political decision-making and public sector performance remains unknown. It is therefore inevitable that some of our findings and interpretations in this book will need to be nuanced or revised as new information emerges.

Yet, we think it is important to take a good look—'from the balcony'—at the governance of this crisis while it is unfolding. Governments and scholars cannot afford to begin the work of reflecting and learning until

this crisis is truly 'over', which may be years from now. Future crises are in the making. We need to get ready. We need to learn what we can, as soon as we can. This book is intended to provide fuel for such a discussion.

We offer a synthesis of what we believe to be the four main challenges that all governments face in a crisis of this magnitude: they must *make sense* of a highly uncertain and dynamic threat; *get things done* in the face of collective action problems; *craft credible narratives* about deeply unsettling events; and *work towards closure* of a crisis that has the potential of destabilizing our societies and their political systems. In the final chapter, we offer some preliminary directions for the deep institutional learning required to make our communities and our governance systems more resilient when the next 'big one' comes along.

We have made liberal use of the quick-response analyses published by social science colleagues around the world. Together, they covered most all dimensions of the responses of governments, political systems and societies. These scholars have provided a strong evidence base, while addressing a swathe of crisis management and public governance themes. We thankfully build on this body of work.

We are particularly thankful to our research assistants, Marte Luesink and Friso Welten, who have done excellent work (ranging from desk research to the final commas in the bibliography).

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| Leiden, The Netherlands | Arjen Boin |
| Sydney, Australia | Allan McConnell |
| Utrecht, The Netherlands | Paul 't Hart |
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CHAPTER 1

# The Year of the Unthinkable

**Abstract** COVID-19 brought the 'unthinkable' to our doorstep. The pandemic caused a series of global, and interconnected, health, economic, social, institutional and political crises that are unprecedented in living memory. Political leaders struggled to contain the virus and persuade anxious, weary citizens to behave this or that way in order to overcome a giant collective action problem. This chapter is a primer for the detailed examination of political and policy responses to this impossible challenge. It describes pivotal governance challenges and the constraints operating on the crisis response.

**Keywords** Transboundary crises · Pandemic · COVID-19 · Crisis politics · Crisis management

Nobody wanted 2020 to be this way—Canadian Prime Minister Justin Trudeau. (Lum, 2020)

Pandemics and plagues have a way of shifting the course of history, and not always in a manner immediately evident to the survivors. The COVID pandemic will be remembered as such a moment in history, a seminal event whose significance will unfold only in the wake of the crisis.—Anthropologist Wave Davis (2020)

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## Annus Horribilis

The year 2020 will be remembered for the global pandemic—a 'seminal event' (Davis, 2020)—that dwarfed all other global crises in living memory. By the year's end, COVID-19 had directly caused the deaths of nearly two million people, jeopardizing the health, well-being and livelihoods of hundreds of millions more.[1] It was also an unwanted event, as Trudeau said (see opening quote). Pandemic control measures have pushed economies around the world abruptly into recession while emptying government coffers at astonishing rates. Global debt incurred as a result of COVID-19 has been estimated at $10 trillion in 2020, rising up to $30 trillion by 2023 (Assi et al., 2020).

Statistics alone cannot capture the human toll of the crisis. Families were separated from loved ones who died alone. One survivor, who had been hospitalized in the UK for several weeks, said that "I must have seen at least eight people die…… And the fear in people's eyes is shocking. …. It's like a nightmare with your eyes open" (Murray, 2020). A physician in New York described how his hospital was "… just getting destroyed. It's very, very gruesome…. I have one face shield that I have to keep rewashing after seeing every patient…It's pretty common to see [staff] crying in the hallway… The morale among ER people is extremely low. People are anxious, making morbid jokes about dying" (Bernstein, 2020).

People suffered in many other ways. They feared that they would lose their job or the business they had just started. Young people wondered whether they would ever get a job. Many patients experienced setbacks in their treatment plans as the hospitals were filled and non-urgent care was limited or cancelled. Kids got behind in school. People were lonely, as they could not see their loved ones or go out and make new friends.

The impact of COVID-19 was not equally distributed. The 'Great Pestilence' of our times exposed fragilities in healthcare systems, economic systems, and the fabric of social and institutional trust (Keane, 2020). The toll of the coronavirus deepened social fault lines of race, class, age and place. And, as happens in almost every crisis, COVID-19 also produced 'winners'—people and businesses that were granted unsuspected opportunities and made the most of it.

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[1] The coronavirus disease 2010 (COVID-19) is caused by coronavirus SARS-COV-2. The numbers were found at https://covid19.who.int/.

COVID-19 will enter the history books as a "mega-crisis'" (Helsloot et al., 2012). The virus generated fear and suffering. The pandemic put extraordinary pressures on health systems. The crisis required tough decisions about the allocation of scarce resources and painful response measures.

Many political leaders will likely remember COVID-19 as the biggest crisis they had to manage. New York governor Andrew Cuomo spoke of '111 days in hell' during which he could barely sleep as his state and in particular New York City reeled from the impact of the pandemic (Sanchez, 2020). The Italian Prime Minister, Giuseppe Conte, put it this way: "I feel the pain of the gaping wound that this nation is experiencing.…Behind the numbers are names and surnames, life stories and broken families. The Italian nation is suffering" (Lowen, 2020). Canadian Prime Minister Justin Trudeau conveyed his exasperation: "COVID-19 really sucks… This is really difficult.… It is frustrating to have to go through this situation. Nobody wanted 2020 to be this way" (Lum, 2020).

We also witnessed amazing successes. Entire nations pulling together as one, with 'teams of millions' displaying remarkable self-discipline and adaptive capacity (Jetten et al., 2020). Governments following science, taking the politics out of the response. Governments in East Asia implementing the lessons from earlier experiences (2003's SARS, 2009's swine flu and 2015's MERS) (Moon, 2020). Countries such as Vietnam and New Zealand pursuing early and aggressive elimination strategies that left them nearly virus-free throughout 2020.

Some leaders reaped the political benefits of perceived effectiveness. Germany's veteran chancellor Angela Merkel, who was on her way out of politics before the pandemic began, saw a stunning reversal of her approval ratings (Armstrong, 2020). New Zealand Prime Minister Jacinda Ardern came within a hair's breadth of winning an absolute majority in the October 2020 parliamentary election, a remarkable feat under the country's proportional representation voting system.

But the governance of COVID-19 response has also been marred by conspicuous failures and intense politicization. There was the UK's initial and ill-conceived pursuit of a 'herd immunity' strategy and the cavalier attitude of its Prime Minister, Boris Johnson. There were nasty disinformation campaigns. There was the deep disenchantment among the population of France with its government's heavy-handed response. There was the unedifying infighting between state administrations and Donald

Trump's White House. There were heads of government describing the virus as a hoax, bathing in crowds, hugging and shaking hands. There was the deep concern about governments using the crisis to acquire and wield far-reaching executive powers, the undermining of checks and balances and violating human rights—trampling principles of good governance.

How does one govern during a lethal pandemic? Governments everywhere faced challenges that we know from dystopian disaster movies (Bostrom & Ćirković, 2008). In an idealized world, we might expect existential threats to be met with a mixture of effectiveness, empathy, legitimacy and de-politicization. We would expect political elites, business leaders and citizens working hand in hand, doing what they can to conquer the virus and allay collective fears. That did not always happen.

Helping us grasp the governance of COVID-19, warts and all, is the key objective of this book. We seek to capture the mix of challenges and opportunities that COVID-19 brought to public policymakers and political actors. We contemplate how leaders, governments and public institutions navigated this extraordinarily deep and protracted crisis. Simple questions guide our quest. How have our systems of public governance performed in the greatest stress test of our times? What lessons do we really need to learn if our systems are to be resilient enough to cope with and bounce back from the next mega-crisis?

## A Crisis Perspective on Pandemic Governance

The Black Plague of the Middle Ages killed an estimated 40–60% of the people in Europe, Africa and the Middle East (Green, 2015). Every century since has produced pandemics of varying scale and severity, including typhus, cholera, small pox and influenza. In a period of roughly 2 years from early 1918 to late 1919 at the tail end of World War I, a global pandemic, commonly known as 'Spanish Flu' infected roughly half a billion people (one-third of the world's population) and killed at least 30 million people (Barry, 2004; Phillips & Killingray, 2003). Many deadly pandemics have followed since (AIDS, MERS, SARS, H1N1, Ebola).

A community of public health experts, including virologists and epidemiologists, studies how communities and their leaders should prepare for such threats. They try to establish which measures should be taken in which phase of an emerging pandemic. Specialized organizations such as the World Health Organization (WHO), the US Centers

for Disease Control (CDC) and the European Centre for Disease Prevention and Control (ECDC) take stock of research findings and translate these findings into protocols. Each new pandemic thus poses a test to the current knowledge of this international community.

Each pandemic also tests the more generic capacity of a community to deal with an unexpected and major threat to the well-being of that community and its members. In recent years, the world has seen many 'mega-crises' and disasters. Governments everywhere have ramped up preparation and response structures as they face the prospect of future crises that dwarf the scope of previous threats.

Researchers from different disciplines seek to understand how governments, businesses, NGOs and international organizations respond to such large-scale contingencies. The umbrella term of 'crisis' has become increasingly popular in capturing the special challenges that this class of events entails (McConnell, 2020). In this book, we conceptualize crises not in terms of their physical properties such as deaths and damage, but in terms of how political-administrative elites perceive the events in question. We speak of a crisis when the governing elites perceive "a serious threat to the basic or the fundamental values and norms of a social system, which – under time pressure and highly uncertain circumstances – necessitates making critical decisions" (Rosenthal et al., 1989, p. 9).

A combination of threat, uncertainty and urgency unsettles the routines of political decision-making, policy implementation and public service delivery. The *perception of threat* raises the stakes of governing. It generates intense media attention and arouses strong public emotions—an explosive mix for incumbent politicians. When the threat is deemed not just serious but *urgent*, politicians and policymakers are robbed of an important problem-solving mechanism: time. They have no time to analyse, deliberate, negotiate and procrastinate. High levels of *uncertainty* about the precise nature, impact and duration of the perceived threat make it hard to organize an effective response. Leaders discover to their dismay that they have to make highly consequential decisions based on nothing but gut feelings or political judgement.

To manage a crisis under these circumstances, two types of expertise or 'craft' are needed. As a *professional craft*, crisis management is about scenario modelling, contingency planning, mobilizing response capacity, making tough decisions, coordinating the efforts of different agencies and jurisdictions, moving from response to recovery and ensuring that the crisis experience is thoroughly investigated and lessons are learned.

As a *political craft*, it is about the strategic framing of the nature and causes of threats, the social distribution of risk and harm across groups and interests, exploiting opportunities to capture the limelight and shift policy agendas, claiming credit or navigating blame games and pushing for, or blocking, systemic reforms.

Wielding a crisis perspective helps us to see that many of the problems that emerged during the COVID-19 crisis were very similar to the challenges that typically occur in all sorts of crises. For example, COVID-19 watchers have often been confounded by the depth of uncertainty, the dynamics of public perceptions and the ways in which politicians and other actors 'talk up' or 'talk down' the scope, origins and severity of the pandemic. All this is standard fare for crisis analysts (Boin et al., 2009; Boin & Lodge, 2016; Brändström & Kuipers, 2003; De Vries, 2004; Drennan et al., 2015).

A crisis perspective also helps us to see the unique characteristics of COVID-19, which have made the response to this threat such an ordeal. Let us take a look at these characteristics and contemplate how they made the response more difficult than public health experts appear to have imagined beforehand.

## The Unique Characteristics of the COVID-19 Crisis

What places the coronavirus pandemic in a class of its own is the combination of three types of characteristics. COVID-19 qualifies as a *creeping crisis*, as the pandemic stretched out over time (Boin et al., 2020). COVID-19 was a *transboundary crisi*s, crossing geographical, jurisdictional and sectoral borders (Boin & Rhinard, 2008). It was also a *solidarity crisis*—a massive collection action challenge, as the great majority of people was not directly threatened by the disease but was asked or compelled to make sacrifices in order to suppress the virus. This is a rare combination, which creates special types of challenges. Let us discuss the characteristics and the governance challenges that flow from them in more detail.

### Incubation and Rapid Escalation

There was no a clear beginning (no 'big bang'), just an increasing stream of worrying signals. The world watched closely how the Chinese mounted an all-out response. Many experts dismissed the new coronavirus as yet

another virus mutation that would probably be nipped in the bud or would turn out to be not all that dangerous (like H1N1).

But the coronavirus escaped China and spread across the world. On 1 February 2020, there were just over 12,000 cases globally and 259 deaths.[2] When the virus manifested itself in one country after another, many leaders were surprised by the scale of the crisis. The crisis eventually disappeared, at least for a while, and returned with a vengeance in many countries (the second and third waves). As we write this, it is still not clear when and how this crisis will end (see also Chapter 5).

### *A Solidarity Crisis*

COVID-19 was more than 'just' a respiratory illness. The disease could inflict chronic damage on major organs (particularly the heart, kidneys and lungs) and impair neurological functions to the point of long-term debilitation and death (Roberts et al., 2020). The elderly, people with certain underlying health conditions (such as obesity, immune system deficiencies, diabetes), the socially disadvantaged and people living in high-density communities ran markedly higher risks of getting seriously ill or dying from the effects of the virus.

In theory, no one was immune, not even the rich, famous and powerful: Donald and Melania Trump and Ivana Trump, Boris Johnson, Prince Charles, Usain Bolt, Tom Hanks, Marianne Faithful, Placido Domingo, Silvio Berlusconi and Emmanuel Macron contracted the disease (to name but a few). Most people who got it, did not get sick. Over time, this well-publicized pattern began to gnaw at the credibility of the crisis response. Small but vocal groups of 'dissenting' medical practitioners, economists and citizens questioned government claims about the virus and its consequences. Conspiracy theories about the origins of the virus and the 'real' objectives of politicians or business elites—Bill Gates and George Soros figured prominently—flourished.

The rapidly deepening economic malaise set the stage for an intense political debate about the trade-off between the health of at-risk groups and the prosperity and well-being of society. Critics charged that governments were stupidly persevering with social distancing, lockdowns and other restrictions that were accomplishing very little (saving the lives of

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[2] Data is from the Johns Hopkins Coronavirus Research Center.

the very old and infirm, many of whom had limited life expectancies) at a phenomenal price (extensive damage to the prosperity, well-being and indeed the health of the other 98% of the population). Perceptions shifted again when hospitals filled to capacity and ambulances had to wait for hours to have their patients submitted to the hospital. In hindsight, the UK's original impulse towards a 'herd immunity' strategy is perceived by many as a callous sacrifice of vulnerable citizens (Hunter, 2020).

## *Multiple Domains, Multiple Crises*

The pandemic was not confined to a delineated geographical location (a "Ground Zero") nor did it fall neatly within the jurisdiction of one governmental entity. There was no self-evident jurisdictional or sectoral point of gravity from which response efforts should be organized. Many actors at all levels of governance and in all corners of society, each with different sets of concerns, resources and responsibilities assumed a role in the crisis response. This created considerable discussion and sometimes tensions about who is 'in charge' and of what exactly. The pandemic severely tested the capacity of existing systems of intergovernmental relations—particularly in federal systems of government and in multilevel polities like the European Union—to mount coherent responses and prevent politically damaging blame games.

Moreover, the pandemic produced more than a health crisis. It gave rise to a complex and multifaceted intersection of numerous crises. We give a few examples:

*An economic crisis.* The economic challenges of COVID make the global financial crisis that began in 2008 look tame by comparison. The mitigation measures had dire economic consequences: massive job losses, reduced investment, downsizing and bankruptcies, declining tax revenues. Massive stimulus measures and rapidly escalating social spending created enormous budgetary shortfalls. Debt levels soared. Economically precarious sectors such as the arts, high-street retailers, hospitality, farming and public transportation faced unprecedented conditions in terms of reduced demand and/or reduced income. In the tourist sector alone, roughly 305 million jobs were at stake (International Labour Organisation, 2020).

*A social crisis.* The pandemic exacerbated pre-existing inequalities in most if not all societies (Blundell et al., 2020). For example, Black people in the US were 2.5 times more likely to die from the virus than white people

(Kaur, 2020). In Spain, the impact of lockdown measures had a harsher effect on low-paid, lower-educated workers, with women being particularly affected because of large increases in childcare and housework (Farre et al., 2020). Around the world, large numbers of schoolchildren from underprivileged backgrounds suffered the consequences of protracted school closures. Containment measures had a negative effect on domestic violence, child poverty and alcohol abuse. Mental health experts issued dire warnings about the long-term impacts of the crisis on people with pre-existing mental health conditions.

*A political crisis.* In any crisis, core values in a system are at stake. They may become endangered and violated. They are defended, fought over, reconfirmed or traded-off against one other. In the process, previously taken-for-granted political commitments and the coalitions supporting them may be shattered. The cross-cutting impacts of the pandemic forced critical choices on virtually every country, every organization, every community, every family and each person. COVID-19 threatened to splinter societies, increase ethnic conflicts, and fuel radicalization and undermine trust in science and expertise (Woods et al., 2020). The COVID-19 crisis was deeply political and unleashed a series of challenges for politicians, policymakers and public institutions.

Many doubted whether governments were up to the task of managing this multi-crisis. A recurrent criticism was directed at the apparent refusal of political leaders to listen to scientific experts. There was the related charge that governments were listening to a far too narrow set of experts—i.e. epidemiologists, but not economists or social scientists. Another complaint held that leaders were captured by an experts-driven technocratic mode of policymaking and downplayed legitimate considerations beyond the realm of scientific expertise. The structures and processes of government were criticized as too slow, too opaque, complacent and starved of resources (Gaskell et al., 2020; Pargoo, 2020; Ruiu, 2020).

The performance of public institutions became subject of critical discussion. Were the incentives and resources of healthcare systems properly set up to absorb the onslaught of COVID patients? Did critical information reach the right organizations and the highest levels of government? Were organizations able to cast aside their standard operating procedures and effectively improvise? Were governments able to overcome the usual institutional pathologies—organizational silos,

bureaucratic politics, intergovernmental stalemates and blame shifting—that make it so difficult to tackle complex problems? Were the institutional guardians of democracy and the rule of law robust enough to provide the required checks and balances on executive power?

Judgments about institutional performance varied widely. In countries like South Korea, Vietnam, Taiwan and New Zealand, the sense of unity of purpose and collective achievement in eradicating the virus was strong. The COVID experience triggered a celebration of institutions. In other countries, there was overt institutional strife, sometimes producing policy stalemate and political standoffs. Critics of the status quo had plenty of arguments to advocate for reform.

There was also a human rights (or libertarian) dimension: governments were accused of exploiting the crisis to pass draconic emergency laws giving them even more powers than they already possessed.

### *Resulting Challenges*

One consequence of these unique characteristics was that the crisis remained hard to grasp. The root causes of a crisis that originated in another country or sector are difficult to comprehend. Causes are unclear, possible consequences seem uncertain, and escalation is unpredictable. Not just in the initial stages of the pandemic, but months into it, COVID-19 kept throwing up questions that could not be answered. In that sense, it remained what it was from the outset: a rude surprise, in which not-knowing was chronic rather than ephemeral.

Epidemiological research worldwide has been operating at a frenetic pace since February 2020, but by the year's end much remained unknown about the exact behaviour of the coronavirus. Research and data gathering faced many complications, including the absence of testing (in cases of those who asymptomatic or have only mild symptoms), the variability of testing regimes, contextual variations in community beliefs and behaviours, and differences in policy settings and response capacity of health systems.[3] Exacerbating the uncertainty was the time lag that can

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[3] One key uncertainty is the infectiousness of the virus. The basic reproduction number (Ro) is an indicator of transmission. Whereas the Ro for influenza is stable and predictable, coronavirus reproduction numbers were hard to measure and appeared to vary markedly in both time and place (Linka et al., 2020).

occur between the point of infection and the onset symptoms, which can vary from a few days to two weeks.

A second consequence was the difficulty of formulating working strategies. For most policy issues, possible solutions exist. They may be controversial or taken for granted. A pandemic defies easy solutions. What works here may not work there. COVID-19 caused multiple problems: not one but many strains of the virus; different health impacts across different demographics; seasonal and other geo-spatial factors mitigating its transmission; low SES groups and regions much harder hit than affluent ones; a complex mix of direct (health) and indirect (secondary health, psychosocial, socio-economic, supply-chain, political, even geopolitical) impacts.

Policymakers faced numerous urgent issues they had to decide on: testing, protective masks, medical equipment, contact tracing, stay-at-home orders, restrictions on gatherings from funerals to sporting events, mask wearing, curfews, shutting down of parts of the economy, the care system, the education system, income support and business continuity packages. No ready-made solutions existed. Navigating these challenges required improvisation. Responses were always provisional, had significant unintended consequences and were open to contestation.

## How Did It Go? First Impressions

We expect our governments to 'rise to the occasion' when a crisis rears its head. We expect crisis leaders and crisis systems to rapidly shift into crisis mode, drawing on contingency plans and extensive preparation. We expect the 'public interest' to prevail: political leaders and the systems they preside over should put aside party politics, career ambitions and bureaucratic politics. They should be decisive, explain their strategy and demonstrate empathy and compassion.

Ever since World War II, a broad array of crises and disasters has punctuated the progress of affluent and stable Western societies. The COVID-19 crisis has put the resilience of these societies and their governments to their sternest test yet. Although it is far too early to pass definitive judgement on government performance in the face of COVID-19, a few stage-setting observations can be made at this point in time.

### *Our Systems Were Not Designed for Pandemics*

Political systems, public institutions and policy processes were clearly not built to deal with a serious pandemic. In fact, these systems are not built to deal with mega-crises. The systems were developed incrementally over time to deliver public sector services such as health, education and welfare in an effective, efficient and legitimate way. That proves hard enough on a daily basis. Contingency plans, risk management planning and crisis response systems were 'add-ons'. Designing capacities to deal with plausible worst-case scenarios has never been core business of most governing systems.

### *Systems Were Stretched to Breaking Point*

The COVID-19 crisis frequently outstripped public sector capacities. In many countries, hospitals and healthcare systems were close to collapse. Governments struggled with testing and tracing, enforcing lockdowns and devising emergency relief measures. Quite a few governmental systems were unable to produce a coherent strategy or a coordinated approach to solving critical problems.

### *Controversy About Response Strategies*

Many countries devised policies that proved wanting. The timing and the scope of lockdown measures proved controversial: draconian measures but also easing restrictions followed by second waves. 'Following the science' was the mantra for many governments, which led some societies down surprising and controversial paths. Governments had to contend with protests and resistance from virus deniers, anti-maskers, conspiracy theorists and libertarians opposed to 'Big Brother' lockdowns and imposed restrictions.

### *Success Stories*

It was not all doom and gloom. Some governments introduced effective measures (e.g. New Zealand and China). Some otherwise disjointed and chronically contentious federal polities managed to produce remarkably well-coordinated responses (Germany, Canada, Australia). Some government leaders turned into highly astute interpreters of scientific

issues (Merkel in Germany, Tsai Ing-Wen in Taiwan) whereas powerful displays of empathy characterized the crisis performances of others (such as Jacinda Ardern in New Zealand and Sanna Marin in Finland). Many public sectors proved quite adroit in adapting to the crisis landscape, which was all the more remarkable because of the millions of public officials working from home.

Government agencies devised and rolled out economic aid programmes at astonishing speed and to great positive effect. Leaders abandoned their electoral platforms and ideological proclivities to do what was deemed necessary. Governments managed to effectively harness enormous bursts of bottom-up community initiatives. Supply chains held (the shelves did not go empty). Businesses rapidly adapted their operating models. Levels of trust in government (and in 'science') soared in many countries and often remained high despite setbacks, controversies and, sometimes, open admissions of failures of pre-crisis preparedness and early-period responses.

## A Preview of the Book

COVID-19 was a complex multi-system crisis that challenged the political foundations of modern states. We examine these challenges in detail in the rest of this book, employing a crisis management perspective. Each chapter focuses on a particular crisis task (Boin et al., 2016).

Chapter 2 analyses how leaders and public authorities made sense of the emerging global pandemic. We explore the classic tension between what in retrospect always appear to be obvious threats and the 'why didn't they seem it coming?' narrative that typically dominates when the first signs of the crisis appear. In this chapter, we study how leaders and experts made sense of the reported cases in Wuhan, how they assessed the building threat and how the relation between experts and crisis leaders shaped the initial response.

Chapter 3 examines governmental responses to the crisis. We describe the challenges of transboundary crisis management. We explain why political leaders must juggle multiple pressures, which emanate from different types of crisis (particularly health and economic), and how they seek to contain and control threats over which they have limited control.

Chapter 4 addresses crisis communication during the pandemic. In times of crisis, authorities have to weave and communicate believable narratives about what is going on, what is at stake, what government is

doing in response, what people can do to keep themselves and others safe. We discuss how leaders do this in the context of 'framing contests'—they are, after all, not the only ones who try to get their message across.

Chapter 5 discusses the politics of closure. It is a salient issue in the COVID-19 crisis, which may drag on for years. The desire to declare that it is over after cases and deaths have subsided is understandable, certainly when the economy is struggling and citizens are suffering from the fatigue of COVID restrictions. But that desire needs to be balanced with the realistic possibility of new waves. This chapter outlines the many challenges that political leaders have to negotiate on their way to the exit.

Chapter 6 addresses the big question of 'what next?' We focus on the struggle between the impulses of preservation, consolidation and returning to 'normal', but also the impulses for reform, forging new policies and alliances that would not have been possible without the norm-shattering impact of the COVID-19 crisis. We provide ideas to move countries down the road that leads to societal resilience.

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CHAPTER 2

# What's Going On?

**Abstract** For a crisis to be effectively governed, it must first be noticed, interpreted, understood and assessed. This chapter explores how policymakers 'made sense' of the emerging COVID-19 pandemic. We focus on: (1) how policymakers around the world detected the developing threat as it emerged first in China and then in Italy; (2) the prominent involvement of scientific expertise in government sense-making processes (and in narratives about those processes). We discuss the complex dynamics between experts, decision-makers and publics that ensued.

**Keywords** COVID-19 · Sense-making · Uncertainty · Experts · Incubation period · Blind spots

> The spectre of an unknown virus arising in China gave certain public-health officials nightmares, but it wasn't on the agenda of most American policymakers. (Wright, 2021, p. 4)

> We had to make 100% of the decisions with 50% of the knowledge—Dutch Prime Minister Mark Rutte (Boin, Overdijk, et al., 2020, p. 42, translation)

## A Sense-Making Nightmare

Pandemics belong to the category of 'known unknowns' (*pace* Donald Rumsfeld): low-probability, high-impact contingencies that risk managers the world over have had in their sights for a long time but, as Wright correctly noted above, did not emerge immediately on policymaking agendas (Garrett, 1994; National Intelligence Council, 2000). In the decades leading up to COVID-19, experts warned that the next pandemic was overdue; diseases such as SARS and Ebola were widely viewed as harbingers of things to come (e.g. Baekkeskov, 2017; Baekkeskov & Rubin, 2017; Nohrstedt & Baekkeskov, 2018; Olsson & Xue, 2011). Yet, in many countries, the signals of the COVID-19 crisis were somehow missed or did not lead to decisive action.

For a crisis to be effectively managed, it must first be noticed, interpreted, understood and assessed. We call this sense-making. Crisis analysts set great store in the Thomas theorem, which holds that 'if men define their situations as real, they are real in their consequences' (cf. Rosenthal et al., 1989; Thomas & Thomas, 1928). If not enough people—or not enough powerful people—sense risk, sense threat, sense significant values and interests being at stake, the system will not respond; or it responds in, what later turns out to have been, a too-little, too-late fashion. Likewise, if enough powerful people get all worked up about a relatively minor threat that looms large in their belief systems, the system will respond even as outside observers or subject matter experts deem that response too much or premature. In other words, systems may respond to emerging threats in timely and proportionate fashion, but they may also underreact or overreact (Maor, 2018).

The dynamics of sense-making are at the heart of shaping those responses (Janis, 1989; Jervis, 1976; Lebow, 2020; Vertzberger, 1990). Sense-making refers to the social and cognitive processes of registering and analysing cues, signals and data about an impending threat and imbuing this information with meaning. Cognitively, this happens in the brains of individuals. But it is also and perhaps foremost a social process. When interpreting signals, individuals take into account beliefs, norms and expectations from others and the social groups they belong to (Douglas, 1986). They talk to each other about what they see and what they think it means. This 'collective sense-making' provides the vital link between threats materializing in the world 'out there' and the nature and timing of a system's responses to those threats (Weick, 1995).

The importance of sense-making as a precursor to action does not stop when a crisis is recognized and called. Sense-making remains critically important throughout the lifecycle of the crisis, directing policymakers' attention to selected cues, propelling them towards some but not other interpretations of how the crisis is developing, guiding them towards some but not other courses of action.

This is particularly true in crises where events keep shifting in turbulent fashion and uncertainty about crucial parameters of the crisis continues to prevail. Experts may not have the answers one would expect them to have. Different players in the system may espouse different interpretations of the events. People may believe (and spread) rumours and falsehoods while ignoring the 'real facts' of the matter.

In such crises, policymakers are not just wrestling with the gravity of the threat and the enormity of the stakes involved; they are coping with pervasive uncertainty. They must govern in a state of *sustained ignorance*: they do not know what exactly is going on, what will happen next, what the drivers of the events are, how others in the system are experiencing and coping with the crisis, what the impact will be of the options laid out before them.

The COVID-19 crisis ticked all the boxes that policymakers dread: a potentially enormous but hard to ascertain multi-threat; high levels of scientific uncertainty about the behaviour of the virus and its health impacts; high spatial and social mobility of the threat agent; various mutations of the virus; lack of readily available technical fixes and lack of clarity when they become available and what exactly they can do; increasing volatility in the public mood and the public's willingness to keep 'doing the right thing' as the crisis persisted.

The list of uncertainties and ambiguities did not get any shorter during the COVID-19 crisis. As the pandemic evolved into a multi-faceted crisis, the state of ignorance deepened with regard to the social, psychological, economic and political implications of virus response regimes. The COVID-19 crisis has been a sense-making nightmare for leaders. The Dutch prime minister expressed his exasperation well when he noted that he had to make '100% of the decisions with 50% of the information' (Boin, Overdijk, et al., 2020, p. 42).

So how did leaders fare when it comes to this sense-making challenge? Many leaders were informed about the new virus but found it hard to act. They only began to act when hospitals were suddenly and quickly filling up, prompting a sense of crisis. This pattern repeated itself in many

countries when the 'second wave'—widely discussed during the interlude between waves—did, in fact, materialize. We also see a few outliers: governments who grasped the enormity of the challenge and acted immediately (see, for instance, Taiwan, South Korea, New Zealand, Israel and Singapore).

In this chapter, we explore how policymakers 'made sense' of the emerging COVID-19 pandemic. We focus on two phases of the crisis: (1) how policymakers around the world detected the developing threat as it started to emerge first in China and then in Italy; (2) the prominent involvement of scientific expertise in government sense-making processes (and in narratives about those processes). We consider if these factors can explain the differences in sense-making that have been widely observed.

## Detecting COVID-19: Common Challenges

In most countries, except China and Italy, the pandemic did not hit as an acute, 'big-bang' type of crisis. It took weeks, in some cases months, for the coronavirus to migrate from China to infect a substantial number of people in Europe. It meandered across national borders, eventually encroaching on every territory in the world. Media reported widely on the coronavirus, the lockdowns in China, the arrival of the virus on other continents. Its pace of development did perhaps not quite resemble the inch-by-inch dynamic of a "creeping crisis" (Boin, Ekengren, et al., 2020), but it provided experts and decision-makers with plenty of time to learn about the threat and appreciate its potential impact (Table 2.1).

Some countries, as noted, reacted quickly. At the end of January, the German Health Minister, Jens Spahn, still compared the coronavirus to the flu. By mid-February, he warned the Bundestag that a global pandemic could not be ruled out (Deutscher Bundestag, 2020, p. 18084). Another two weeks later, Spahn declared that the epidemic had arrived in Germany and ordered the regional governments of the *Länder* to activate their pandemic plans (Gensing, 2020).

Some countries did not react at all (Nicaragua, Belarus) or not in a coherent way (the US, Brazil). Some countries—the UK comes to mind— made major U-turns in their response policy as unfolding realities belied the beliefs and assumptions that had guided their initial actions, or lack thereof (cf. Hale et al., 2020). In most countries, however, initial denial and downplaying were followed by a sudden recognition that the crisis was not only real but had actually arrived (see Table 2.2, and Boin,

**Table 2.1** Warning signals of the impending pandemic

| | |
|---|---|
| 31 December 2019 | The China Country Office informs the World Health Organization (WHO) about a cluster of unknown pneumonia cases |
| 7 January 2020 | Chinese experts announce that the virus is a new coronavirus |
| 11 January 2020 | The first corona death is reported in China |
| 13 January 2020 | The first corona case is reported outside of China (in Thailand) |
| 20 January 2020 | Chinese experts confirm that the new coronavirus is transmitted human-to-human |
| 23 January 2020 | The city of Wuhan is in lockdown |
| 24 January 2020 | First corona case reported in Europe (in France) |
| 30 January 2020 | WHO declares the new coronavirus a public health threat of international concern. |
| 4 February 2020 | China reveals a new hospital with 1000 beds which was built in less than 2 weeks, while the country is receiving personal protective equipment from European countries. China's healthcare system is under extreme pressure because of the rapid increase in new coronavirus cases |
| 7 February 2020 | The WHO warns of a global shortage of personal protective equipment (PPE) |
| 15 February 2020 | First corona death in Europe (in France) |
| 21 February 2020 | A rapid rise of corona cases in northern Italy |
| 2 March 2020 | The European Centre of Disease Prevention and Control (ECDC) updates its risk assessment from "moderate" to "high" for the general population of Europe |
| 12 March 2020 | The ECDC states that the virus can no longer be contained and social distancing measures should be implemented as soon as possible |

**Table 2.2** Periods between first infection and first measure in four European countries

| | United Kingdom | The Netherlands | Sweden | Germany |
|---|---|---|---|---|
| First infection | 29 January 2020 | 27 February 2020 | 31 January 2020 | 27 January 2020 |
| First death | 5 March 2020 | 6 March 2020 | 11 March 2020 | 9 March 2020 |
| First measure(s) | 16 March 2020 (ban on events with more than 50 people) | 12 March 2020 (limit on the max. number of people in cultural facilities, gyms, universities) | 11 March 2020 (ban on social gatherings of more than 500 people) | 10 March 2020 (large events are being cancelled, e.g. in cultural facilities and sports events) |

Overdijk, et al., 2020; Rubin & De Vries, 2020 for case-study accounts of this pattern in the Netherlands and Denmark). In crisis language, we saw a long incubation period with a sudden punctuation.

This brings us to the chief sense-making puzzle of the early stage of the crisis: why did it take so long for countries to realize what was coming? And why did some countries start to acknowledge the threat much earlier (a week is a long time in an escalating pandemic) than others?

To answer this question, we must discuss two challenges. First, there is the challenge of *signal recognition*. Policymakers are confronted, almost on a daily basis, with a barrage of information signalling that something might be afoot. There are many slowly developing and potentially relevant threats "out there". Many of these signals are ambiguous and, we find out later, incorrect. Policymakers must somehow recognize the "correct" signal—the one they need to act on. Second, it is one thing to register that something bad might happen, but appropriate action is unlikely to follow if policymakers do not also correctly *assess the signals*. They must make the correct inferences about the nature, scope and escalation potential of the problems the system is facing.

### Why Crises Are Easy to Miss

Crisis research into the incubation periods of multiple crises shows that both these sense-making challenges—recognition and assessment—are easy to fail, giving rise to what in retrospect appear to be glaring failures of foresight (Hindmoor & McConnell, 2013; Parker & Stern, 2002, 2005; Turner & Pidgeon, 1997). A number of social science insights help to explain why this is the case.

Complexity theorists, for instance, explain that many threats do not behave in linear fashion (Buchanan, 2000; Scheffer, 2009; Taylor, 2001). Crises incubate, develop and escalate towards a tipping point, after which the threat rapidly escalates, possibly exponentially so. These tipping points are hard to predict, sometimes even hard to recognize in 'real time'. This is certainly true for COVID-19: the initial number of infections may have seemed and continued to appear low for some time, but there was always the potential for them to start rising exponentially (as the world learned from explanations about the non-linearity of viral infection rates, captured in the much-discussed 'R0-value').

Perrow (1984) offers a supplementary explanation. He noted that when highly complex systems display a high level of interdependence

between their component parts, the ripple effects of a small incident or error may be both large and travel very quickly across the system. Just as a technological glitch may trigger a chain of events stretching from one complex system to another, a person who is infected with a communicable disease may quickly spread the virus by entering hubs in a travel system. This causes what we refer to as a transboundary crisis, which is marked by cross-boundary escalation of a threat (Ansell et al., 2010; Boin & Rhinard, 2008). A tsunami can spill over into a nuclear accident. An electricity failure in one country can lead to a gas shortage in another country. All within a matter of hours or days. As we have learned from the SARS crisis, a virus originating in China may rapidly paralyse a city in Canada (Olsson & Xue, 2011). COVID-19 paralysed much of the world within months of its first outbreak in Wuhan.

Organizational factors play a big role in the sense-making process. In complex organizations and networks, information does not flow efficiently (Turner & Pidgeon, 1997). How organizations are structured, what information-sharing routines they have evolved, what beliefs are ingrained and which are considered heretical, what 'turf' is fought over in the space between organizations—all these factors drive institutional threat perceptions. They help to explain why 'the dots were not connected' (Kam, 1988; Parker & Stern, 2002, 2005; Wilensky, 2015).

Institutional biases and organized blind spots in collective risk perception also play a role (Bach & Wegrich, 2019; Douglas & Wildavsky, 1982; Freudenberg, 2001; Seibel, 2021). Researchers have noted that many "warning signals that, with the benefit of hindsight now seem obvious, were actually ambiguous and fragmented because they were received and interpreted within a very different ideational environment" (Hindmoor & McConnell, 2013, p. 543). Research on man-made disasters highlights the importance of distraction: political attention going to what in retrospect prove to be 'decoy phenomena' (Turner & Pidgeon, 1997). For example, UK Prime Minister Boris Johnson was in the vortex of the Brexit crisis when COVID-19 emerged. In the Netherlands, the focus was on two winter storms.

But surely *some* signals are impossible to miss? It turns out that there are plenty of psychological factors that explain why people fail to recognize impending, and seemingly obvious, signals of danger (Kahneman, 2013). These have to do with the *inconceivability* of certain events: some threats simply escape the imaginary capacity of policymakers and citizens alike (De Smet et al., 2012). If you can't imagine a threat (because you

have never experienced it), you may not recognize it. Hurricane Katrina provides an example (Boin et al., 2019). Policymakers had known of the theoretical risk that a hurricane might break through the levees that protected New Orleans from the surrounding water. But they had never *imagined* it. When it actually happened, the surprise was complete.

Inaction in the face of signs of trouble is not just a product of inadvertence (McConnell & 't Hart, 2019). Political factors matter as well. What we chose to see (and, by implication, not to see) is shaped by what we value, who we identify ourselves with, what we fear, who we loathe, what values and goals we prioritize, what we feel is in our interest to focus on and what we feel we can afford to discount. How public policymakers think about risks, threats and crises is political at heart—and so we should be attuned to the *politics of sense-making* through which their thoughts are formed, bolstered, questioned, adjusted and abandoned (cf. Schatschneider, 1960).

Some policymakers may *choose to ignore* information about an impending threat. They may think that there is no solution. They may not like the solution or find it politically infeasible. They may think that the solution is worse than the cure. They may fear that the public will not want to make sacrifices needed to counter the threat. They may be convinced that the public will panic if they learn more about the threat. They may want to keep the issue small until after the upcoming election. Political considerations and preferences can and do sometimes muffle loud and clear warning signals.

The leaders of the US, Russia, Mexico and Brazil were all informed about the virus and its potential consequences, but went to great lengths to talk down its importance. As late as March 3, UK Prime Minister Boris Johnson told the public that "for the overwhelming majority of people who contract the virus, this will be a mild disease from which they will speedily and fully recover" (Prime Minister's Office, 2020a). In mock-Churchillian fashion, Johnson encouraged the country to "take it on the chin"—before succumbing to the virus himself and come close to death just weeks later (Cottle, 2020). These leaders chose to keep seeing the world as they liked it to be rather than for what it actually had become—which, as Machiavelli cautioned, is a costly error to make for a ruler.

Especially when combined, these research findings can help to explain why so many government leaders in Europe and the Americas (much less so in South-East Asia) assumed things were under control throughout the months of January, February and even into early March 2020. Yet, these

accounts leave us with a lingering question: as this was not a 'unknown unknown' but rather a known risk coming true, moving slowly and well documented, how come leaders were not warned in time and properly advised to act? Did the experts really miss the crisis they had been studying and expecting throughout their distinguished careers?

## The Role of Experts

The relation between experts and decision-makers is complex, ambiguous and sometimes tense even in the best of times (Cairney, 2016, 2020; Parkhurst, 2020). Experts cover multiple disciplines, often disagree and use different methodologies and interpretations. Their evidence can seem partial and contradictory. They couch their warnings in technical terms. They offer predictions in vague, probabilistic statements. Moreover, experts are often proven wrong in their predictions and threat assessments (Tetlock, 2017).

When acting in an official capacity (in a governmental body for instance), they can act more like advisors than scientists. Even when they have a good hunch about the nature of the developing threat, they may still be careful to announce their opinion too soon. They know that "calling a crisis" is an inherently political act (Spector, 2020), with serious organizational, psychological, economic and social implications. They may want to avoid being branded a Cassandra, and therefore factor in reputational and tactical considerations in choosing when and how to appraise the policymakers of the critical signals that they have begun to detect.

Experts played leading roles in the COVID-19 crisis, to a much larger extent than customary in 'normal' crisis situations (e.g. Sager & Mavrot, 2020). They enjoyed this access primarily because their professional expertise was seen as absolutely essential to make sense of core questions that governments were facing when formulating responses to the pandemic. In many countries, chief scientists became well-known public figures, attracting praise but also severe criticism. Elite scientists—virologists, epidemiologists, medical specialists but also economic and behavioural experts—were brought right into the heart of government decision-making. Some became 'super-advisers' whose inputs counted more for policymakers than those of other scientific experts or more regular pubic service and political advisers.

For instance, Sweden's chief epidemiologist, Anders Tegnell, became an unlikely folk hero during the early stages of the pandemic. His low-key, matter-of-fact demeanour helped the Swedes to make sense of what was happening to them, as did his confident defence of the Swedish government's policy to rely mostly (though never exclusively) on social distancing and voluntarily working from home. The great majority of Swedes felt that Tegnell sensed correctly what made them tick in a crisis—being given the freedom to act responsibly—and rewarded him with their trust.

In New Zealand, Dr Ashley Bloomfield, Director General of Health and head of the National Health Coordination Centre, became a household name to New Zealanders. He conducted the daily briefings in which he 'made sense' of the evolving pandemic situation. He threw his weight behind one of the most forbidding lockdown regimes in the world. His measured, consistent and slightly nerdy performances turned him into one of the most revered public servants in the nation (Cameron, 2020). In the words of one columnist, "Ashley Bloomfield, like the Tiger King, is now memetic. As I write, Ashley Bloomfield is the number one trend on Twitter. Ashley Bloomfield has gone coronaviral" (Rawhiti-Connell, 2020).

Many scientists became famous, but were they effective? Two observations stand out with regard to the role of scientific experts in the management of COVID-19.

First, experts did not collectively miss or ignore the threat of COVID-19. The Dutch case provides an example. In January 2020, acting on the rapidly accumulating information about the new coronavirus in China, Dutch health officials dutifully placed COVID-19 on the list of A-diseases (which contains diseases like smallpox, SARS and Ebola). The coronavirus had not been detected in the Netherlands at that point in time. Following protocol, doctors were put on notice to notify authorities as soon as they identified patients who might carry the disease. In many other countries, experts took this same first critical step in pandemic management.

Second, experts operated within the confines of "received wisdom based on how previous respiratory viruses behaved" (Dr. Jacob Lemieux, in an interview with Wright, 2021, p. 21). Much is known about the coronavirus. This particular coronavirus, however, behaved differently. Wright (2021) explains how the experts were misled: "The new pathogen was a coronavirus, and as such it was thought to be only modestly contagious, like its cousin the SARS virus. This assumption was wrong. The virus

in Wuhan turned out to be far more infectious, and it spread largely by asymptomatic transmission" (p. 2).

This is also the first point in time where countries began to diverge in their responses. In countries with vivid institutional and cultural memory of previous pandemics (countries such as Taiwan, Hong Kong, Singapore and South Korea), the recognition of the *possibility* of an A-disease emerging within their borders generated acute threat perceptions and prompted swift, far-reaching response measures (closing the borders, initiating mass testing, contact-tracing, imposing lockdowns) (An & Tang, 2020). In some countries without direct experience, key experts and institutions engaged in rapid learning from the unfolding pandemic in China to inform their sense-making (e.g. Petridou et al., 2020, on Cyprus). In hindsight, we can say that the decision-making process in these countries worked as it should.

Most countries were slower in their reaction, awaiting evidence for the virus to manifest itself within their borders. This disconnect between knowing and acting originated with the same experts that had placed the new coronavirus on the A-list. It is almost as if they could not believe that this was the pandemic that they had been warning against for years (cf. Garrett, 1994). After the 9/11 attacks, the official inquiry described the failure of terrorism experts to see this attack coming as a "failure of imagination". In the case of COVID-19, it appears that many experts failed to imagine that this pandemic could happen in their country and could cause many deaths among their fellow citizens. Dr. Fauci told Americans in a radio interview that the new virus was not something they "should be worried or frightened by" (Wright, 2021, p. 5). Another US expert, Dr. Link, recalls: "We thought we'd get one or two cases, just like Ebola" (Wright, 2021, p. 25).

The Dutch example, mirrored by many other European countries, is again informative. Experts of the Outbreak Management Team, the official advisory group of the Dutch government, repeatedly downplayed the severity of the virus ("like a flu"), the chances of propagation among the general public and the chances that the virus would reach the Netherlands (Boin, Overdijk et al., 2020). The public was encouraged to carry on with their lives, which they did. Even when the first cases emerged in Germany, just a few miles from the Dutch border, Dutch experts saw no reason to advocate for any sort of intervention (such as limiting or terminating carnival festivities and professional soccer matches). They did not change their stance until nervous doctors began to call in from one area

of the country advising that hospitals were being besieged with COVID patients. It was the first week of March when the government scientists slowly became aware that, in typically Dutch parlance, "the water had started to run over their shoes" (Boin, Overdijk et al., 2020). Yet, even then they were hesitant to call for social distancing beyond personal hygiene and refraining from personal contact (no handshaking).

In the UK, the expert advisory group called SAGE started convening regularly at the end of January. The group monitored the situation, provided updates to government officials and wrote advice on which actions to take, or not to take. From January 31 onwards, the risk level was assessed as "moderate". On March 12, the risk level was changed to 'high', moving the country from the contain phase to the delay phase; new cases would no longer be tracked and tests would only take place in hospitals (Grey & MacAskill, 2020). The minutes of the March 13 SAGE meeting record that "things are worse than we thought" (Sample et al., 2020).

In Sweden, state epidemiologist Anders Tegnell assured the Swedish public that the virus was less dangerous than SARS and MERS (Nordevik, 2020). The Public Health Agency (FoHM) asserted that a large outbreak was unlikely because the virus would have to be very contagious which "does not seem to be the case with this virus" (Folkhälsomyndigheten, 2020a). The Swedish Ministry of Foreign Affairs stated that everything was under control (Von Hall, 2020). Tegnell later apologized that he had not adequately grasped the severity of the virus. He admitted that more could have been done to reduce mass casualties among the vulnerable elderly (Lindeberg, 2020).

### Fantasy Plans

In those early February days, experts in many developed countries reassured the public that if the virus should reach their country, health professionals would deal with it. In the words of CDC director Redfield: "We are prepared for this" (Wright, 2021, p. 4). Looking back in December, one of the Dutch experts, intensive care specialist Diederik Gommers, explained that "we were too optimistic in the early phase of the crisis. Again and again, I intervened just a week too late" (Weeda, 2020, p. 45). A strong belief in existing national and WHO preparations for a pandemic appears to have influenced the initial COVID-threat assessment.

There were plans and the experts assured policymakers that the plans were good. Experts could (and did) point to previous virus outbreaks—SARS, Ebola, H1N1 and MERS—that had been controlled and whose impacts had been well contained.

The Dutch provide yet another instructive example. The formal designation of COVID-19 as an A-disease provided the Dutch Minister of Health with extended powers to impose measures on individuals and society. The minister showed no interest to use his extended powers. Indeed, Dutch policymakers and the Outbreak Management Team experts repeatedly touted the 'excellent' preparations of the public health system. The Dutch had successfully dealt with other diseases (such as the Mexican flu), which was taken as evidence that the plans had been proven to work. The implication was clear: even if the coronavirus would arrive, public health professionals would deal with the threat (Boin, Overdijk et al., 2020).

In the UK, the uniform message from both political officials and experts was that the UK was well prepared in case the virus would reach the island (Department of Health and Social Care, 2020). In his first public statement about COVID-19, late February, UK Prime Minister Boris Johnson stated that the National Health Service is "a fantastic system" and "is making every possible preparation" (BBC, 2020). In Sweden, all branches of the government and the expert agencies were confident in their ability to face the challenges the new coronavirus could pose. When more than three weeks went by between the first and the second corona case in Sweden, state epidemiologist Tegnell claimed that "this shows that our current strategy works" (Folkhälsomyndigheten, 2020b). In Germany, Health Minister Jens Spahn professed confidence in the German healthcare system, which, unlike other countries, had indeed plenty of testing capacity (Deutscher Bundestag, 2020).

On February 13, 2020, the first emergency meeting of EU health ministers took place. "Andrea Ammon, the ECDC director, told them that Europe had adequate lab capacity and that the EU's containment strategy was working. The real problem, they heard from the WHO's emergencies chief, Mike Ryan, was Africa, which just had two labs for the entire continent — with a population three times bigger than Europe's" (Herszenhorn & Wheaton, 2020). On 25 February, "Ricciardi, the adviser to the Italian government, who was present at the meeting, said that with some exceptions, including Germany and France, he had the strong sense that, at least initially, the others thought 'the

problem was Italy, you know — not the virus'". The EU members did not seem to think the virus was the problem, but Italy's way of governing (Herszenhorn & Wheaton, 2020).

We now know that these pandemic plans were more like 'fantasy documents' (Clarke, 1999); they did not suffice in the light of the crisis scenario that was unfolding. Many national and subnational pandemic plans were dated, sometimes up to a decade old and not regularly exercised or revised. Some plans focused on diseases that had not reached their country or on diseases dating back a century (Spanish Flu) (Capano et al., 2020). European and North American governments "had no or only outdated relevant past experiences with such pandemics. They were confident in their capacity but lack the competences, including in decision-making, required to do so effective. This made the reaction of most of these countries slow and uncertain" (Capano et al., 2020).

The real problem was that the experts did not understand the virus and thus did not understand that their plans would not suffice. The pandemic playbook in place implicitly assumed that understanding the crisis would be the least of the government's problems. The prescribed protocols were based on the assumption that there is a 'patient zero' who can, in principle, be identified and found. If health authorities are properly prepared, they will identify the carrier of the virus and all those who have been in touch with the carrier (this is the often discussed 'track and trace' task of health authorities). The cognitive backstop in this paradigm is that a carrier of the virus who is not found in time will sooner than later succumb to the disease and, in the optimistic scenario, present him or herself to a doctor. Hollywood movies closely follow this script.

COVID-19 dismantled the paradigm and the plans it had spawned. Many carriers turned out to be asymptomatic and many patients had only mild symptoms, which resembled the common flu. In other words, the biggest pandemic of recent times came disguised and sailed passed the initial defences set up by pandemic planners. By the time that health authorities began to understand the virus, it had spread widely. Robert Redfield, the director of the US Centers for Disease Control and Prevention, explains: "The whole idea that you were going to diagnose cases based on symptoms, isolate them, and contact-trace around them was not going to work. You're going to be missing fifty percent of the cases. We didn't appreciate that until late February" (Wright, 2021, p. 2). It did not help that most countries had limited tested capacity.

When experts eventually did understand that the new virus was the proverbial black-swan anomaly shaking the foundations of their paradigm, they acted. A report by a research group of the Imperial College London, published on March 16, jolted politicians across Europe and the US. The research group had modelled the effects of the various approaches that the government considered. The researchers warned that without a correction of the *laissez faire* approach then in place, hundreds of thousands would die from COVID-19 in the UK alone (Ferguson et al., 2020; Prime Minister's Office, 2020b). That same day, Prime Minister Boris Johnson announced the first social distancing measures for the UK. Other countries had already begun to act, based on expert readings of the draft report.

We can ask why some leaders acted late. We can also ask why some leaders acted proactively and, as we now know, in time. Both questions, in most cases, receive the same answer: because the experts told them so. We can only hypothesize why experts, operating on the same scientific knowledge base, offered different advice. Two possible explanations jump out. First, in countries where previous pandemics such as SARS had *not* been controlled, experts had learned how fast a virus could sweep across the community. Second, in countries where health care was clearly not excellent or even available to most people, experts could not believe in a plan that was based on that notion.

## Navigating Uncertainty: Science-Policy Interface at Knife's Edge

Most governments thus entered the COVID-19 crisis with a very limited view of the spread of the virus in their territory. Moreover, little was known about the disease trajectory, who was particularly vulnerable, and how the disease was best treated. Many political leaders announced their adherence to a science-led policy and publicly identified (and praised) the experts on whom they relied (Cairney & Wellstead, 2020). This made sense, as these experts were selected for precisely this purpose (it would be weird, to say the least, if governments had not relied on them). The cloud of uncertainty lifted very slowly, as scientists and doctors raced to investigate and share their findings (Capano et al., 2020; McConnell, 2020).

Time and again, the virus outpaced the advice of the experts. It remained hard to assess the scope and severity of the constantly evolving

threat. The scientists based their advice on evidence, which was inherently limited in the mist of the crisis. Policymakers began to lose faith in the advice of the experts before the crisis had fully begun (Cairney & Wellstead, 2020). It did not take long for politicians to veer away from expert advice when they realized that the experts had underestimated the spread and lethality of the virus (Rubin & De Vries, 2020). Evidence-based sense-making was deprioritized, at least temporary. Leaders emphasized the importance of trying anything—proven or not—to save lives. In the first days of March 2020, the Danish prime minister operated:

> in a sense-making frame where major decisions needed to be made fast to avoid an impending disaster, and where scientific evidence alone could not be trusted to reach the right policy conclusions. The leading health authority experts, on the other hand, appeared to be in a frame where evidence-based decision-making was still the modus operandum, and where policy recommendations were continuously updated as new scientific information became available. (Rubin & De Vries, 2020, p. 3)

Government leaders sometimes opted for harder measures (e.g. school closures) than their experts advised, following high-profile interest groups (e.g. teachers unions, medical bodies) that made their voices heard. In some countries, non-government virologists publicly urged the government to aim higher, go harder and ignore the advice of the official scientists. For example, New Zealand's shift from flattening the curve towards eradication of the virus was prompted by such 'outside-in' advice from two university virologists (Wilson, 2020).

Media increasingly scrutinized the relation between scientists and decision-makers. Decision-makers had to explain why they did not heed expert advice; experts had to explain how they could have been so wrong about this or that. But despite their patchy record in the lead-up to the pandemic, government experts remained pivotal players throughout the response phase. Around the world, heads of government and cabinet ministers tirelessly repeated that their choices were 'guided by the experts'.

Politicians continued to rely on experts because the uncertainties just kept coming. In most crises, uncertainty gradually gives way to an informed picture of the situation. In this particular crisis, uncertainty deepened over time. This characteristic alone made the COVID-19 crisis almost impossible to manage. While more became gradually known about

the virus and its impact, uncertainty deepened with regard to the impact of government measures. How long could businesses and industries cope with the sudden downfall of their markets? What was happening behind the doors of vulnerable households? What would be the effect of school closures on the learning trajectories of children? When these issues were gradually resolved (from a scientific point of view at least), new problems emerged: virus mutations and vaccine logistics.

Emerging uncertainties increasingly pertained to the behaviour of the public, businesses and the financial markets. This created a demand for insights from the 'soft' social sciences (e.g. political science, psychology, sociology). As policymakers soon discovered, academics from these disciplines can be notoriously divided. Their expertise is grouped in, filtered through and strutted by ideologically coloured perspectives. These characteristics bring out the best of the social sciences, but they also limit their sense-making relevance during crises (Gonzalez Hernando et al., 2018). Social scientists simply cannot claim that most of their advice is evidence based (because it is not). Their advice is typically based on good practices from another place or another time. To be sure, this can be good advice. But it is rarely backed up by hard evidence.

Different types of insights had to be traded-off against one another. As a result, a very diffuse, complex and dynamic relation between experts and decision-makers emerged. It initiated a vicious cycle: as more and more (types of) advice created apparent inconsistencies and thus new forms of uncertainty, policymakers felt a need for additional research. This cost time and, in some cases, had a paralysing effect on decision-makers. It is a familiar predicament in crisis management: the call for more information is met with a deluge of data, confounding rather than clarifying the situation.

In most countries, politicians made the critical decisions—with or without evidence-based advice.[1] So why would they repeat the mantra that they were 'following the science' when they clearly were not?

This brings us to the politics of sense-making. Their scientific authority made experts not just leading sense-makers but also tools of policy legitimation. For all but the most brazenly corona-sceptic policymakers, who

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[1] A clear exception is found in Sweden. In accordance with its governance model, chief epidemiologist Tegnell did not just offer advice to policymakers, he actually *decided* on key aspects of the government's response strategy (Petridou et al., 2020; Pierre, 2020). We could thus say that Sweden gave us the purest example of a science-led response.

preferred getting into noisy public spats with their chief health officers, publicly demonstrating their deference to experts was a political no-brainer. Should any far-reaching decision (close or not close the schools?) eventually turn out to have negative effects, having the fingerprints of principal science advisers all over them might also prove useful to diffuse and deflect blame.

As in recent other viral outbreaks (Baekkeskov, 2016; Baekkeskov & Rubin, 2014), few leaders resisted the lure of the strategy. It worked well: When hard decisions with great social and economic costs had to be justified. When sapping public morale had to be boosted. When the public needed to be disappointed and persuaded to accept restrictions on their freedoms just a while longer or yet again. When citizens needed to be motivated to have needles stuck into their arms. While successful, the potential for backlash was always there as we will see in Chapter 5.

## The Precarious Politics of Sense-Making

Recognizing signals of an impending crisis is not an easy task. Looking back, however, the COVID-19 pandemic does not appear to have been the most difficult type of scenario to recognize and grasp when it emerged. Yet, many experts, policymakers and politicians were surprised by the escalating speed of propagation and slow to realize the imminent threat to the lives of vulnerable citizens and otherwise healthy economies.

In some countries, of course, experts did warn and politicians did act. In these countries, it may have been more acceptable to act on hunches and instincts that were not yet fully 'evidence based'. In most (Western) countries, however, it is not. Other interests have to be taken into account. Procedures of 'sound science' have to be observed. Prudent, balanced assessment is key.

During the incubation period of the crisis and extending into its response phase, the nexus between the "diagnostic domain" (inhabited by experts) and the "action domain" (inhabited by policymakers) proved more complex and less perfect than the public glorification of experts seemed to suggest (Boin & Lodge, 2019). The experts did not "miss" the impending crisis, but their interventions apparently did not manage to forge a political mindset that took seriously the 'bad case scenario' which was unfolding, and to adopt it as the basis for their decision-making (McConnell & 't Hart, 2019; see further Chapter 3).

Intriguingly, and posing a prime puzzle for future research, this pattern appears to have largely repeated itself when 'second waves' of the virus began to emerge during (northern) Summer and early Autumn. Just when people were celebrating their newly restored freedoms and all the policy talk was about engineering recovery, the virus data started to point the other way, in some cases as early as late July. This harsh reality proved hard to accept, even in hitherto successful polities like Germany. Politicians and experts in many countries did not grasp that it was happening again. They did not display the vigilance one would have expected after having been caught out during the early months of the year.

In 'normal' crises, the distinctions between the diagnostic and action domains are clearly drawn and closely guarded. In the context of creeping, protracted, up-and-down-and-up-again crises such as COVID-19, these distinctions become blurred—both a sense of urgency and the discipline of patience are important assets to have but trigger very different types of mindsets and policy propensities.

This provides us with an important lesson: the political appreciation of warning signals is informed by the challenge of timing. Acting too late is obviously costly, but acting too soon may generate accusations of the tail wagging the dog. In the COVID-19 crisis, it has proven difficult to get the balance right.

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# Getting Things Done

**Abstract** This chapter reviews the main governance challenges policy-makers faced during the COVID-19 crisis. It examines how governments mobilized institutional capacity to tackle these challenges. We focus on attempts to centralize crisis decision-making and discuss whether centralization contributed to government effectiveness and legitimacy.

**Keywords** COVID-19 · Crisis decision-making · Centralization · Effectiveness · Legitimacy

## WHEN THE RULE BOOK NO LONGER WORKS

The virus tested the capacity of nations and societies to deal with a cascading threat that had no precedent in the post-war era. When the potential impact of COVID-19 came into view, governments faced the critical challenge of protecting the health of their citizens, the viability of businesses and industries, and the functioning of critical infrastructures against the onslaught of the pandemic.

A pandemic can only be quickly brought under control by bringing collective behaviour under control. The alternative—waiting for a vaccine to arrive or the virus to infect a majority of people—is both costly and politically risky. The policy options for controlling collective behaviour are limited: a government can try to persuade its citizens and businesses

to adhere to social distancing guidelines (the path taken by Sweden) or force them to do so through some type of lockdown regime (the preferred option in most countries). Persuading businesses and citizens to make jarring sacrifices presupposes that governments can draw on reserves of political trust (Cairney & Wellstead, 2020); forcing them to do so requires the willingness of leaders to use force, which may cause the reservoir of trust to erode.

These options can be designed and implemented in many different ways, and the pandemic regimes that emerged in those first months of 2020 varied accordingly. We can group the pandemic regimes along several dimensions: the number of social distancing measures (working from home, closing down public events, limiting travel, closure of restaurants, bars and schools), the sanctions imposed, the ways of enforcement, the level of compensatory funding (for COVID-19 response patterns, see Bouckaert et al., 2020; Cheng, Barceló, et al, 2020).

In choosing between these options and designing an optimal policy mix, leaders had to balance imperatives of public, economic and social health (Dostal, 2020; Polischuk & Fay, 2020; Rauhaus et al., 2020). Lacking evidence-based insights (as we have seen in the previous chapter), leaders had to make 'tragic choices' (Calabresi & Bobbitt, 1979): whatever they decided, there would be losers. In making such choices, government leaders typically apply political filters (Maor et al., 2020): how does the issue look and feel to (different groups of) ordinary citizens? How will the policies recommended by the experts play with stakeholders? Are these proposed measures politically acceptable, in the coalition, in parliament, to the party base? Can we afford what is being proposed here? Do we have the capability to implement it?

Whatever choices they made, there were no plans readily available to translate them into coherent policy regimes. Even though most countries had some sort of pandemic preparation in place, they soon discovered that the core assumptions underwriting their plans and procedures, as collected and disseminated by the World Health Organization (WHO), were of limited use. The WHO prescribed hygiene measures, physical distancing, isolation of patients, tracking and tracing of contacts—but did not provide templates for the closing down of society (or parts of it). Governments across the world had to improvise their responses (Capano, 2020; Turrini et al., 2020).

As we write this, experts are studying the effects of these responses. They explore correlations between infection and mortality rates, and

a host of social, institutional, historical and political factors (varying from female vs. male heads of government to individual vs. collectivistic cultures, from climate effects to the political affiliation of leaders). This will go on for years, and it is simply impossible at this point in time to meaningfully evaluate and explain the effectiveness of all the response policies that emerged across the world (Bromfield & McConnell, 2020).[1]

We will need much more data and modelling to establish whether the schools should have been closed or not, whether it made sense to limit travel, whether facemasks really made a difference, whether complete and long-lasting lockdowns were worth the price, and whether the powers appropriated and wielded by governments were proportionate. In fact, even when looking through the rear-view mirror at COVID-19, we may never arrive at a consensus, as the assessment of what was effective and legitimate, and whether that was worth the price, involves normative judgements and contestable counterfactuals.

What we can do now, however, is characterize the response challenges and interpret the crisis response efforts of Western governments during the first phase of the epidemic. From a bird's eye perspective, two remarkable characteristics of the responses stand out.

First, in spite of the variability in response policies across countries, most governments managed to bring the first wave under control. Hence, collective behaviour—the key to controlling a pandemic—may well have been shaped by a fear-driven collective willingness of people to act in a way that benefits the society of which they consider themselves members (cf. Johnson, 2020) rather than by the mix of policy instruments deployed by various governments. This should not come as a surprise: decades of research in disaster sociology and social psychology have consistently shown that people tend to act in altruistic, pro-social ways when faced with acute exogenous threats to their common values, interests and identities (Drury, 2018; Zaki, 2020).

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[1] There are many online, ongoing monitoring efforts that are of great value in tracking and assessing response efforts and their economic, social, democratic and human rights consequences. These include the Blavatnik School of Governance Coronavirus Government Response tracker, the ACAPS COVID-19 Government Measures Dataset, Freedom House's Democracy Under Lockdown project, the Pandemic Backsliding Project and IDEA's Global Monitor of COVID-19's impact on Democracy and Human Rights, as well as thematic COVID-19 response monitors run by the European enter for Disease Control, the IMF and the OECD.

We can also observe that many countries struggled to bring the second wave under control. Harnessing discipline proved more difficult the second time around. An often-heard lament during the second wave was that many people were simply tired of social distancing measures and no longer behaved in the spirit of solidarity with those at risk of the virus. That, too, is in line with crisis research findings, which note that the altruism of the early response phase tends to break down over time as social and political fault lines re-emerge, government measures are shown to be ineffective or controversial, and 'rally-around-the-flag' effects wear off (Herrera et al., 2020).

Let us now dig in a little deeper. What problems were governments confronted with, how did they respond, how did they set themselves up for dealing with such an extraordinary set of challenges in a manner that was to be both effective and legitimate?

## Governance Challenges

The COVID-19 crisis immediately confirmed received wisdom among crisis researchers: contingency plans rarely survive contact with the enemy (Clarke, 1999). It is fair to say that the pandemic is one of the few crises that many if not most countries had prepared for, in one way or another. After all, the 'next pandemic' has traditionally featured on every list of likely future crises (Garrett, 1994). Modern societies have experienced just a few deadly pandemics (AIDS, SARS, Mexican Flu) since the Spanish Flu. These were brought under control and provided input for the updating of plans and procedures, as well as the creation of new institutions such as the European Centre for Disease Prevention and Control (ECDC).

It is understandable that politicians, policymakers and experts in Western countries laboured under the impression that their systems were well prepared to deal with the new coronavirus. Their surprise that these plans were no match for the pandemic is, then, equally understandable.

Surprise or not, decisions had to be made. Vulnerable populations were at serious risk if the virus was allowed to spread (An & Tang, 2020; Migone, 2020). Hospital systems could be overwhelmed, crowding out regular care (which, in turn, would put other groups at risk). But any sort of measure imposed to stop the spread of the virus would require sacrifices

from other people who would be unlikely to suffer any health consequences even when infected by the virus. Governments faced a complex set of immediate decisions to be made:

*Influencing collective behaviour.* How to induce public behaviour so as to reduce community transmission of the virus? What mix of persuasion and compulsion was deemed both effective and legitimate? When to apply lockdowns, in what form, and for how long? What place was accorded to testing and contact tracing in that mix, and how to increase that capacity?

*Tragic choices in health and care systems.* To what extent should government leaders step into guide life-and-death decisions in hospitals, general practices, nursing homes, aged care facilities and shelters with regard to (1) distribution of IC-beds/ventilators; (2) selection of eligible patients for life-saving treatment; and (3) deployment of critical staff in cure and care? But also: what vaccine options to invest in? How to prioritize who should receive the vaccines?

*Managing scarcity.* Governments everywhere were soon confronted with shortages that had to be resolved. But how to navigate the international supply-chain race to ensure continued supply of medical and other critical resources in a world that had mostly shut down? Purchasing and distribution of protective equipment and medicines required decisions about where to buy and at what price.

*Managing economic upheaval.* Designing, coordinating, delivering and maintaining support for mega-stimulus packages and crisis-induced monetary and tax measures is not an easy task (as the experiences during the Global Financial Crisis of 2007–2009 taught us). Political leaders had to decide how much money to spend and what to spend it on. How to dodge the known risks of delayed impact, market distortions and fraud? How to apply economic policy instruments in a way that does not throw good public money at businesses that are not going to survive? How to build in incentives for businesses to come off the government's tap as quickly as possible when conditions ease?

*Addressing secondary impacts.* In the face of urgent problems needing immediate attention, policymakers quickly discovered that they would have to devote their attention, political capital and operational resources across many (and the number kept increasing) 'theatres of war'. The prime focus of most governments was initially on the acute public health

and socio-economic challenges. New challenges continued to emerge as many countries faced second and third waves: spikes in homelessness, loneliness, depression, family violence, alcohol and substance abuse; school children and students struggling to keep up or going AWOL.

*Mitigating inequality.* As it became increasingly clear that negative impacts were not equally distributed across the community—COVID-19 was hitting disadvantaged groups a lot harder, as always happens during a pandemic (Rosenberg, 1992)—government leaders had to decide if and how they would mitigate this inequality of impact.

*Steering towards restoration or reform.* Even in the midst of crisis, governments had to contemplate a post-vaccination future. Should their society "return to normal" or aim for change and innovation in health systems, in how work gets organized spatially and temporally, in business and leisure travel? Should they re-appreciate the caring professions, the social sector, the value of community? Should they try and exploit the COVID-19 experience to achieve policy objectives in other domains, such as improving air quality, enhancing sustainability and meeting the Paris climate change mitigation objectives?

How leaders and governments responded to these challenges would affect not just the course of the pandemic and its many societal impacts but also the public perception of the crisis response: whether citizens thought the COVID-19 crisis was handled with poise, decency and intelligence, or haphazardly, indifferently and opportunistically, generating pubic disappointment, resentment and anger. In other words, it would enhance or deplete the political capital that leaders brought to the crisis.

## FIRST RESPONSES

The immediate responses varied markedly across (and sometimes within) countries. They can be roughly organized into three types: the lockdown, the light regime and the absent regime. In practice, many countries adopted some sort of mixture of these regime types and many governments adapted their regimes over time. But most responses can be sorted this way, which allows us to contemplate why governments would adopt this or that type as their starting point in formulating a response.

China provided a first template by imposing a complete and unprecedented lockdown. The world looked on with a mixture of awe and

scepticism. Critics observed that such a response was only possible in an autocratically ruled society in which mass surveillance was already widely employed. But their experience with viral outbreaks and pandemics such as SARS and Avian flu likely provided a role as well: the attitude towards pandemic risk, the availability of critical resources and the public's willingness to comply with 'go early, go hard, keep going as long as it takes'—paraphrasing New Zealand's Prime Minister Jacinda Ardern— all help to explain why this draconian approach was adopted in China (Jamieson, 2020; Johnson, 2020).

When the virus arrived in Italy, the government adopted a hard lockdown (Capano, 2020), initially only in the northern regions. As the pandemic spread, variety in response regimes soon emerged. Many Asian countries, for instance, shied away from lockdowns, instead adopting a combination of frequent and massive testing, complemented with extensive track and trace policies, the cancelling of public events and the universal wearing of facemasks. At the other end of the spectrum, the US President Trump did not deem it necessary to impose social distancing measures (though many individual states did). Sweden stuck close to the regime that was originally proposed by the World Health Organization (but did not follow it when the WHO adapted its guidelines). The Netherlands, Switzerland, Austria and Germany followed versions of a more flexible approach, imposing a rump set of restrictive measures, which were tightened as circumstances required (Boin et al., 2020; Desson et al., 2020).

The nature and levels of government support for businesses and citizens varied as well across countries (Park & Maher, 2020). Some countries were proactive in providing generous business continuity and wage stability packages. Many countries, of course, had limited means to offer such support. In the US, the design and funding of such support schemes became object of an intense political fight between Democrats and Republicans in Congress.

Many businesses, especially those in the leisure and travel industry, suffered terribly from the imposed social distancing measures, while others were largely unaffected or made a killing. Governments were besieged by lobbyists, arguing for government support or waivers from social distancing measures. Governmental decisions prompted classic questions: why did they throw billions at national airlines or big mall owners, while ignoring the dire needs of higher education (as in Australia), restaurants, museums and small business owners?

Scarcity was dealt with in different ways. In some countries, the limited availability of IC-beds and IC-personnel could mean that patients without insurance or financial means would not be treated in an IC-unit. Other countries drew up priority listings, selecting on age and underlying conditions. Similar choices had to be made when it turned out that testing capacity was limited. In some countries, demand was limited by specifying the symptoms that were most likely to indicate that someone was a carrier of the virus (this created a skewed picture of the infection rate). In addition, certain groups were prioritized (hospital workers, teachers) or de-prioritized (the elderly). Other countries managed to avoid this type of dilemma altogether, as they had procured plenty of testing capacity (Germany, Korea).

The structural shortage of personal protective equipment (PPE) in hospitals and nursing homes created policy dilemmas, but also individual dilemmas for caretakers. In the early phase of the crisis, many doctors and nurses—including those working in 'rich' countries—had to decide whether they would work without protective gear. In hospitals and nursing homes, wrenching decisions had to be made: who would receive the few available face masks? At the policy level, the allocation of scarce, life-saving material played out in different ways: hospitals vs. nursing homes, heavy-hit areas vs. areas 'in waiting'—but also giving into price gauging vs. waiting until trusted suppliers could deliver again (Vecchi et al., 2020). Particularly notable was the way in which the American president politicized the allocation of ventilators, threatening to punish states with Democratic governors that did not "treat him well" (Wright, 2021; Young et al., 2020, p. 484).

### *The Politics of Crisis Response*

COVID-19 demonstrated that many governments had come to rely on the market for the provision of critical goods (PPE), supply chains (food) and critical infrastructures (ICT). But it also showed that many private sector companies relied on the public sector for bailouts, regeneration strategies, enabling business activity through emergency trading regulations. The rapid development of vaccines exemplifies this mutual relation: 'big pharma' needed huge infusions of public funds to rapidly produce a vaccine and quick regulatory approval to bring it to market. A return to normalcy any time soon would be impossible without vaccines.

Another observation with regard to the way governments negotiated these tough dilemmas was the weakness of existing mechanisms of international coordination and cooperation (Dostal, 2020). When the pandemic came, national governments were primarily focused on producing a national response. Countries did not coordinate border restrictions (in federal countries, states/provinces did not, or barely, coordinate their internal border closures, e.g. Benton, 2020; Bennett, 2021). This led to awkward situations that arguably helped to spread the virus (e.g. when Belgium closed its restaurants, people simply drove across the border to patronize Dutch restaurants). The same thing happened when countries began to relax measures (Austria and Switzerland opening their ski venues, while Germany, France and Italy were calling upon their citizens to forego ski vacations).

COVID-19 was a prime example of what we call a transboundary crisis: an acute threat that spills over national, institutional and cultural borders. Transboundary crises test governance systems that are built on the idea of such borders (Boin, 2019). The COVID-19 crisis exposed the weakness of international governance systems when it comes to managing transboundary crises (Blondin & Boin, 2020). Rather than seeking to use existing coordination and information-sharing mechanisms, most states resorted to a form of 'crisis management autarky'. When Italy called for help, member states did not reply. When the new EU budget was drawn up, the richer member states initially refused to allocate funds for the hard-stricken southern states. This undermined the sense of solidarity that supposedly would lead to assistance of member states in times of dire need.

Harold Lasswell's (1936) articulation of politics as a question—Who gets what, when and how?—is writ large in the COVID-19 crisis. The politics of managing this crisis centred around the distribution of the consequences of crisis decisions. But the crisis also opened windows of opportunity for the distributors of scarce resources. Powerful industries—think of airlines and tourism sector—suddenly were at the mercy of governments for life-saving bailouts. This provided government leaders with leverage to demand long-sought-after reforms. Other leaders simply used their distributive power for political gain. Prime Minister Boris Johnson used the approval of a vaccine—the first approval in Europe—as evidence for the promised Brexit benefits.

COVID-19 presented the EU with a unique opportunity to reinvent itself as a transboundary crisis manager. A range of fairly recent transboundary crises (the Ash cloud, the financial crisis, the immigration crisis, the threat of cyber breakdowns, climate change) had enhanced the realization that these threats demand some sort of transboundary response. The European Union (EU) had begun to build transboundary crisis management capacities (Boin et al., 2013; Wolff & Ladi, 2020). While the EU had limited formal competences in the area of public health, it had created systems for early warning and information sharing that were designed to further a joint response to an emerging pandemic. But they were not used in this crisis.

The member states resolved to strengthen the EU's crisis management capacities, agreeing on new competencies to manage public health emergencies (Brooks & Geyer, 2020). Moreover, in what was "possibly the biggest advance in integration since the Euro", the member states agreed to a 750 billion solidarity fund (Rachman, 2020, p. 17). The money was to be raised by issuing common EU debt. Some heralded this as a critical juncture in EU economic policy and as an instance of crisis-induced EU institutional learning (which the EU had not recognized in response to the Eurozone crisis) (Ladi & Tsarouhas, 2020; Schmidt, 2020; Wolff & Ladi, 2020).

## Governance Capacity and Legitimacy

Establishing a pandemic response regime that effectively reaches across society and is embraced by the broadest possible spectrum of community actors requires not just immense effort and commitment of resources. It rests upon two critical preconditions: the capacity to govern effectively (Dror, 1986, 2001) and the social legitimacy afforded to the effort (Carter & May, 2020). This is, as political scientists and public administration scholars have long known, true for all government efforts aimed at steering collective behaviour (Lodge & Wegrich, 2014; Pressman & Wildavsky, 1973). It is particularly true in times of crisis (Christensen et al., 2016).

### *Boosting Governance Capacity*

Governance capacity is generally measured in terms of task fulfilment: can a government leverage its legal, financial, informational and logistical systems to design, coordinate and deliver interventions that 'work' (Boin & 't Hart, 2012; Carter & May, 2020; Lodge & Wegrich, 2014)? Crises challenge existing governance regimes and test the efficacy of new capacity mobilized by governments. Crises also challenge the strength of the social contract that informs and constrains the exercise of state power. That's why governments usually find it hard to 'deliver' in times of crisis.

During COVID-19, governance capacity was needed to:

- Address shortages in PPE, ventilators and hospital staffing;
- Enforce rules with regard to quarantines and social distancing;
- Allocate funds to support citizens and businesses in need;
- Ramp-up testing;
- Devise strategies to help at-risk groups and those with complex needs;
- Roll out nationwide, high-speed vaccination campaigns (and get large proportions of the population to participate in them).

These challenges proved problematic in many countries.

In times of crisis, governance capacity cannot suddenly and quickly be enlarged or enhanced without hiccups and unintended consequences (Capano et al., 2020). It is possible, however, to streamline the governance of existing capacity. This is typically done by *centralizing authority and augmenting executive power*.

Most countries have mechanisms to centralize state power in the hands of selected officials if a crisis so requires. The idea has always been that effectiveness sometimes must be enhanced even if it is at the expense of democratic oversight. Selected officials are then empowered to make critical decisions without having to first submit them to democratic bodies. They are granted constitutional political authority, preponderance in policymaking, access to resources and the legal authority to steer networks of institutions and actors.

The Romans had a name for these officials: they were called dictators. For a carefully delineated period of time (usually a year), one or two dictators (working in tandem) would rule the republic with absolute powers.

The early history of the Roman Empire offers examples of absolute effectiveness, but also of the dangers that the mechanism of crisis centralization brings with it.

It is often assumed in the literature, if only implicitly, that such centralization is an almost natural if not necessary process. When the future of a society is at stake, and do-or-die decisions must be made quickly, people will not only accept but *expect* leaders to assume the mantel of crisis power (cf. Schmitt, 2006). Crisis researchers have subjected this claim to case-informed scrutiny ('t Hart et al., 1993). It turns out that centralization in times of crisis is rarely absolute. Seemingly centralized crisis responses typically coexist with different constellations of local power holders, private sector initiatives and resilient citizens.

Centralization tendencies are also tempered by what researchers refer to as the 'bureau-politics' of crisis governance (Jacobs, 1993; Kalkman et al., 2018; Rosenthal et al., 1991). One might expect all parts of government to pull together, set aside ongoing intergovernmental and interorganizational tugs of war and collaborate seamlessly in service of the superordinate goal of combatting the joint threat (Parker et al., 2020). In most countries, this did indeed happen during the early phases of the COVID-19 crisis, when the primacy of public health considerations and the core values were undisputed, and goal seemed relatively straightforward (see, for instance, Choi [2020] on South Korea). But the consensus fragmented as the scope of the crisis expanded. More and more departments and policy actors began to press for position in the crisis response machinery, straining cabinet cohesion and complicating the work of policy coordination.

When governments attempted to expand executive power to ensure quick decision-making and effective implementation, they faced pushback on privacy (deploying track and trace apps, appropriating and distributing patient records), accountability (assuming emergency powers for how long? Regularly informing parliaments?) and, of course, civil liberties (why should societies suspend checks and balances in the name of safety and security for the relative few?). While centralization tendencies did emerge across the board—including the high-speed crafting and passing of emergency laws—it is an open question whether they ended up boosting governance capacity as defined above. In France, for instance, important response failures were related to the rigidities that formalized centralization brought about (Hassenteufel, 2020). Much more will be learned in

time as public administration scholars sort through all the evidence, but a few preliminary observations can be offered at this early stage.

First, it is clear that crisis centralization shaped the ability of governments to enforce and maintain heavy lockdown measures. In states where crisis decision-making was centralized, crisis governments could employ the full mixture of carrots and sticks to ensure collaboration of (and between) agencies, subnational governments, citizens and businesses. In some, the military played a visible role in keeping people off the streets and keeping workplaces closed. But in states where centralization was less than complete or not tried, governments could not rely on uniforms and fines alone. Their governments relied on alternative or complementary strategies such as 'sermons' (persuasion), nudging and piecemeal consensus-building (see, for instance, Migone [2020] on Canada).

Second, it appears that complete centralization was short-lived at best. In the course of the crisis, governments faced two types of pushback (cf. Boin & 't Hart, 2012). On the vertical axis, regional and local administrators (mayors, governors) resisted or got tired of limitations on their discretionary powers (e.g. Van Overbeke & Stadig, 2020). As the implementers of centrally formulated policies, they had to enforce unpopular measures. On the horizontal axis—within the executive branch—the centre of gravity shifted over time from public health agencies to a wider, more competitive arena that included economic and social policy agencies.

Leaders who were governing through a centralized power structure sooner or later discovered that their options were, in fact, quite limited. As adherence to the rules became harder to enforce because people began to lose their patience, crisis leaders had to adapt their strategies to keep as many people as possible with the programme.

Third, we can conclude that there was no one-size-fits-all administrative route to COVID success (Bromfield & McConnell, 2020). The institutional make-up of governance systems surely mattered: centralization was harder to achieve in federal countries than in unitary states. In federal systems, centralization initiatives met with contention (Benton, 2020; Capano et al., 2020), did not happen or did not endure (e.g. US, Mexico). Australia, Canada and Germany initially designed effective regimes, but only Australia managed to eradicate the virus (Dostal, 2020; Migone, 2020; Rozell & Wilcox, 2020). We may thus cautiously surmise that the effectiveness of pandemic regimes was not exclusively determined by political-administrative structures (cf. Capano & Galanti, 2018).

## *Crafting Legitimate Responses*

Without a minimal degree of legitimacy, government cannot function. Legitimacy translates into robust support (and compliance) among the population. In a crisis like COVID-19, when collective behaviour is the key to effective management of the crisis, legitimacy is probably the most important asset that governments can possess.

During COVID-19, it proved critically important that citizens trust their government (Cairney & Wellstead, 2020; Capano et al., 2020; Cheng, Yu, et al., 2020; Christensen & Laegreid, 2020; Jamieson, 2020; Wright, 2021). Governments that were seen to be 'on the ball' in their COVID response activities fared well among their publics, at least initially, whereas governments that appeared to be in denial or paralysed saw drops in their credibility and support among the public (Herrera et al., 2020; Jennings et al., 2020; Kim & Kreps, 2020). High legitimacy furthered rule adherence, which, in turn, helped to quash the pandemic (thus strengthening the legitimacy of leaders). The reverse was also true: low legitimacy fuelled shirking on the parts of citizens and businesses, which undermined effectiveness and, as a result, government legitimacy (Carter & May, 2020; Wright, 2021).

It is, of course, helpful for leaders and governments to enter a crisis with solid levels of public support, yet crisis case studies have shown again and again that it is not essential. Being seen to do well *during* a crisis is a powerful booster of leadership capital (Van Delden, 2018). Examples include the Amsterdam mayor Ed van Thijn and New York City mayor Rudy Giuliani, both of whom were deeply unpopular when they suddenly had to manage major crises in their cities. Both emerged from the crisis with soaring popularity. The same can be said for Australian Prime Minister Scott Morrison. He entered the COVID-19 crisis with little public trust to spare after the botched management of the wildfires disaster in the previous months, but regained his public standing on the strength of a more astute and compassionate performance in shaping Australia's COVID-19 response.

Several other factors affected the dynamics of public trust in crisis leaders. We learned, for instance, that it is important to explain why the imposed pandemic regime deviates from scientific findings or widely accepted practices elsewhere. The use of face masks illustrates the point. Initially, there was no science to suggest whether the use of face masks would be useful. Many Asian countries (with low infection rates) quickly

made them compulsory, relying on prior experiences and established cultural practices (An & Tang, 2020).[2] Western leaders wrestled with the question whether to emulate that example. Pointing to the lack of scientific evidence initially worked as an explanation for their decision not to. But the science began to change, and social demand for tangible, visible action rose. The same dynamics played out in the domain of education, where governments bowed to public concerns in deciding to close or open schools without robust scientific evidence.

Such inconsistencies in policy justifications became a source of discontent among citizens and business operators just when imposed measures started taking effect in April and May 2020. While scientific advisors, understandably happy that an effective strategy had been found, argued that measures were best kept in place as long as possible, public impatience with restrictions translated in an ever-louder call for their rapid relaxation. Advocates of loosening crisis regimes eagerly made use of 'new' scientific insights widely shared on social media—where the number of arm-chair virologists kept expanding—which seemed to cast doubt on the efficacy of these measures.

Crisis managers thus faced a continuing policy dilemma between 'Kantian' (everybody's life needs protecting) and 'utilitarian' (adopt measures that provide the greatest good for everybody) policy imperatives. In the absence of meaningful information, the best approach to solving this dilemma might be what is known as the 'pragmatic approach' to crisis management (Ansell & Bartenberger, 2019; Ansell & Boin, 2019). The pragmatist logic is experimentalist: organize quick and rich feedback flows about the policies you have put in place and act quickly on that information (adapt if initial measures are shown to be ineffective).

That is not how things generally unfolded during the middle months of 2020. We can describe what happened in terms of 'politicized' adaptation: governments caving into increasing pressure to stop inflicting social and economic pain. In many countries, leaders succumbed to the pressure and joined the rush to the exit. In hindsight, it appears clear that this hastened relaxation of crisis measures allowed the virus to persist and strike again

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[2] The institutional and cultural memory of previous pandemics, such as SARS and Ebola, left policymakers much better prepared than their colleagues in Western countries. Previous experiences had prompted these countries to invest heavily in pandemic contingency preparedness (increasing test capacity, stockpiling PPE and formulating legal provisions) (An & Tang, 2020).

(An & Tang, 2020). More importantly, it undermined the credibility of governments who soon needed to call upon citizens and businesses again when the second wave hit even harder than the first.

This final phase of the first-wave part of the crisis may well turn out to have been one of the most problematic periods in the governance of the pandemic. Deeply fatigued by the long months of 'flattening the curve' without destroying their economies, government leaders understood business and public desires to return to a normal life all too well. While the mantra in most places was that 'we have to learn to live with the virus', they swiftly allowed life to return to near-normal. Restrictions still existed, but the summer vacations in Europe and North America unfolded in eerily conventional ways. When second waves began to take shape, virologists were quick to point to the masses of travelling vacationers as being among the chief drivers.

Those leaders who—again—failed to see the second wave coming found it hard to get their citizens back on the same page of social distancing and sacrifice. Those who failed most miserably—President Trump and Prime Minister Boris Johnson come to mind—saw their public health systems buckle under ever-increasing pressure. Those who had gained public trust by highly effective responses to the first wave could leverage it to impose new rounds of 'go hard, go fast' restrictions to stamp out new spikes—as was the case in New Zealand (Jamieson, 2020).

## The Politics of Crisis Governance

The COVID-19 crisis was always deeply political (Maor et al., 2020). In every country, the virus cast light on issues of authority, power and legitimacy, how the state wielded power over citizens and businesses. In some states where the relation between citizens and officials was strained before the crisis, the response was botched (see, for instance, the US). Much has been made in this regard of the willingness of citizens with high levels of trust in their governments to adhere to nudges offered by their governments (think of Denmark, Finland and Norway).

Public support was a *sine qua non* for crisis management effectiveness. With few exceptions, pandemic governments prioritized public health, in particular the protection of vulnerable citizens. Most sought to accomplish this through social distancing measures, lockdowns and the ramping up of emergency care capacity while scaling down regular healthcare

services. Citizens had to cooperate to make this happen. Just how important their cooperation was, became painfully evident during the second wave when citizens in many countries lost interest in (or motivation for) rule adherence.

Trust in public authority can certainly make it easier for crisis leaders to initiate a constellation of freedom-limiting measures and a power structure that enables the implementation of those measures. But crisis management performance matters as well. Sweden is a prime example: its crisis management regime enjoyed substantial legitimacy, but the country did not perform better than countries where such trust did not exist. Australians, on the other hand, entered the crisis with a relatively low level of trust in their government (which had failed in managing the forest fires), but still the country managed to suppress the virus pretty well.

Given the importance of citizen behaviour, governments face a conundrum. Banking on citizen trust, they may seek to explain the risks and propose the countermeasures, counting on the sense of responsibility of smart-thinking people. But by explaining the risks—very low health impacts for the great majority of people—they might inadvertently nudge citizens towards pursuing self-interest above the public interest. There was no running away from the collective action problem that the virus introduced. Shying away from it by seeking to avoid the frank discussions that had to be had opened the door to inconsistent or hard-to-explain measures.

Things never get easier in a protracted crisis like COVID-19. The money to support people and businesses will run out, sooner or later. Cutbacks and austerity will erode government capacity. Perceptions of threat and senses of urgency will wane. Actors that have been side-lined during the crisis will reassert themselves, slowing down policymaking and implementation processes. Contentious politics as usual will inevitably be part and parcel of the 'new normal'.

As we write this, the roll-out of vaccination programmes in various countries has become a topic of intense political debate. Getting things done remains critically important yet frustratingly hard. As the post-acute stage of the crisis begins to loom, and governments will begin to navigate the 'long-shadow' ('t Hart & Boin, 2001) phase of the crisis, maintaining the capacity to deliver is hugely important. The legitimacy of government and government leaders may well depend on it.

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# Crafting Crisis Narratives

**Abstract** Communication is pivotal when a society faces a sudden, disruptive and disturbing event. People want to know what is going on, why it is happening, what is done to safeguard them and what they can to protect themselves. During COVID-19, governments were the main sources of that information, at least initially. Governments tried to shape the attitudes, emotions and behaviours of citizens in accordance with their policies. Over time, alternative crisis narratives emerged and influenced citizen behaviour. This chapter examines crisis communication in the COVID-19 crisis: how did leaders try to 'make making' of this unprecedented threat? How did they deal with the alternative crisis frames that emerged over time?

> My father was left to die alone, at home, without help. We were simply abandoned. No one deserves an end like that—Bergamo, Italy resident Silvia Bertuletti, 5 April 2020 (NDTV, 2020)

> This is a test for our solidarity, our common sense and care for each other. And I hope we pass the test—German Prime Minister Angela Merkel, televised press conference, 11 March 2020 (BBC, 2020)

Bill Gates will use microchip implants to fight coronavirus, as he revealed during a Q&A on Reddit, 19 March 2020. (Biohackinfo News, 2020)

The Covid-19 epidemic can teach us a lot about ourselves and our civilization. It reminds us, first of all, of the deep human vulnerability in a world that has done everything to forget it—French philosopher Corine Pelluchon, 23 March 2020 (Legros, 2020)

## Constructing the Meaning of the COVID-19 Crisis

A bitter complaint about institutional failure wrapped in a jarring story of personal suffering. A confident assertion of a conspiracy theory. A leader making a moral appeal to the better angels of our nature. A philosopher using the pandemic to remind us of our fundamental needs and frailties. How to get everybody on the same page? Is it really important to do that? Four different opening quotes, four different interpretations of the COVID-19 crisis.

Public communication is pivotal when societies face a disruptive, disturbing and threatening event. People want to know what is going on, why it is happening, what is done to safeguard them and what they can do to protect themselves. Governments are expected to provide that information. They package the information in words that form narratives. They try to influence how citizens create meaning around the events that threaten them. We refer to this process in terms of 'meaning making' (Boin et al., 2008, 2016).

Meaning making serves different goals and can have unintended (and undesirable) consequences. The *instrumental* function of meaning making is to provide a persuasive narrative that encourages people to support (or question) specific policy choices. The *empowering* function of meaning making is to help people make informed crisis response decisions. Its *political* function is to underpin claims about legitimacy: to foster, restore or challenge public trust in public authority figures and public confidence in institutions, systems and processes.

It is by no means a simple communication task. What makes it a complex process is that governments are not the only actors trying to 'make meaning' of a crisis. The broad consensus to 'take the politics out of this' that typically prevails during the acute stage of a major emergency gives way to division and politicization once the most urgent sense of threat has receded (Boin et al., 2008; Kaniasty & Norris, 2004).

The online universe offers limitless possibilities to exercise voice. Politicians, stakeholders, victims, journalists, expert commentators, lawyers, social influencers and protest groups will promote a wild variety of crisis narratives that challenge those forwarded by government authorities and subject matter experts. In this fragmented, real-time communication environments, authorities have very little time to first make sense of a crisis internally before communicating a narrative that dominates and fulfils the three functions outlined above.

In this chapter, we discuss how leaders 'made meaning' around the COVID-19 crisis. A basic policy and communicative dilemma bedevilled many government leaders during this pandemic. They had to do their utmost to prevent people from becoming sick and to save as many lives as possible. They had to weigh public health risks against the socio-economic impacts of lockdown measures. To influence collective behaviour—critically important, as we saw in the previous chapter—leaders had to be effective in explaining how they dealt with this dilemma. Many leaders wrestled with the challenge, with various degrees of success. Some failed miserably or did not even try (it is hard to see the difference from afar). Some leaders shone and were also highly effective in suppressing the virus.

## The Rise and Fall of Crisis Narratives

The Dutch government initially rode a wave of public support. The public mood of shock after the first social distancing measures was immediately followed by an outpouring of prosocial behaviour. The high level of compliance with imposed restrictions was widely considered the result of Prime Minister Rutte's meaning-making skills. In a powerful speech to the nation, Rutte emphasized collective solidarity, voluntary compliance and admiration for the 'heroes' of the first-line medical response. A regime of frequent press conferences and parliamentary briefings—performed mostly by the prime minister, the senior health minister and the chair of the Outbreak Management Team—resonated strongly. Millions tuned into the televised press conferences. The government's messaging dominated the airwaves as well as social media.

The national consensus dissipated with the first wave. Once the acute health threat had receded, critics began to nibble at the government's narrative. They started asking poignant questions. Why had the spread of the virus come as a surprise? How could it run rampant in the nursing homes, killing so many elderly? Why had we not stockpiled critical medical

supplies? Why had we allowed our health system to become so lean and efficient that it lacked the requisite IC capacity—essential for any large-scale disaster? Why did it take such a long time to ramp up testing capacity? Why did national leaders and experts so adamantly oppose the use of face masks? Why were the schools closed (when experts had advised against it)? Were all those measures really necessary? Could the government not have relaxed measures a bit sooner?

Questions gave rise to counter-narratives. One narrative suggested that the Dutch government had failed to act in time, and another claimed that the imposed lockdown had been unnecessary. These narratives were illustrated with stories of other nations that had done better on infection counts and mortality rates. In both types of narratives, experts had read the situation all wrong and leaders had failed to see the obvious.

The competing crisis narratives emerged as non-compliance with social distancing measures increased. Government ministers reacted with harsh comments, breaking with the government's reliance on 'soft power' and nudging. Protest groups formed, some rapidly gaining a noisy following. Social media started to fill with messages of despair, frustration, anger and mistrust. Conspiracy theories made the rounds on internet. The government's proposed emergency legislation, extending its executive powers, met with resistance from an unlikely combination of legal scholars, left-leaning social activists and conservative libertarians. With a national election looming in March 2021, government measures and the narrative underpinning were increasingly scrutinized and contested.

And then the second wave hit. Prime Minister Rutte and his team thought they could appeal to common sense and solidarity, which had worked so well in quelling the first wave. But the tried-and-trusted narrative no longer worked. People had learned that the risk of becoming ill was very low for most. The cacophony of expert advice made it easy for people to pick and choose the explanation they liked best. When Dutch leaders sharpened their tone, they met a wall of derision ("they are blaming the citizens again"). After several tries to reign in collective behaviour, the government finally resorted to a lockdown that was much stricter than the one imposed during the first wave.

And so it was, *mutatis mutandis*, in many other countries: initial surges in support and corresponding successes, but also dominant narratives encountering a growing sense of unease, concern and contestation. Countries that were also experiencing major 'second waves' and thus prolonged or renewed restrictions were seeing growing 'reactance' to government

messaging (Frailing & Harper, 2017). In some countries—the US and the UK come to mind—the progression to politicization and frame conflicts was rapid and steep.

But other countries saw remarkably high levels of sustained agreement about the nature of the challenge, the values that should be prioritized and the broad thrust of the emergency measures taken. This did not just happen in countries where the curve was flattened rapidly, such as South Korea and New Zealand, but also in hard-hit jurisdictions like Sweden or Mexico.

Many factors affect the perception of governance success in a crisis like COVID-19 (Bromfield & McConnell, 2020). The massive problems in their health systems, the socio-economic consequences of the crisis regime, tensions within ruling parties and intergovernmental relations, the timing of the pandemic in relation to the electoral cycle (in the US), the dynamics of a pre-existing crisis (Brexit, in the UK)—these were undoubtedly factors at play in this or that country. Culturally contingent attitudes to risk, loss and institutional failure also weigh into the narratives that will be told about this catastrophe (Bovens & 't Hart, 1996; Douglas & Wildavsky, 1982; Green, 1997).

A critically important factor, as we argue in this chapter, is the communicative performance of leaders and the congruence between their words and their governments' deeds (cf. Brunsson, 1989; Mintrom & O'Connor, 2020). To be effective, leaders have to win the 'framing contests' (Boin et al., 2009) in which politicians, journalists, stakeholders, technical experts and social media gurus participate with so much gusto.

Government elites once enjoyed some *a priori* advantages in these contests, due to their access to vital information, highly used and trusted communication channels, and the support of specialized advisers. But their 'standing' among large parts of the public, often low to begin with, and possibly further attenuated by the occurrence of unsettling events has created a more even playing field (Ignatieff, 2012, pp. 114–135). It provides critics of the government response with opportunities to influence people who have become receptive to 'counter frames' (because they are, for instance, dismayed to discover that governments are bungling their responses).

## The Power of Words

Spector (2020) reminds us that the word "crisis" is a label. Crises are socially constructed phenomena. The claim that a particular set of events and circumstances constitutes a crisis is "always an assertion of power and an expression of interests", as the "facts [of the events] *never* speak for themselves… [and] always await the assignment of meaning" (Spector, 2020, p. 305). Through active communication (or refraining from it), political leaders try to stick the label on a situation—or they actively work against labelling this or that situation as a crisis.

The vocabulary of crisis communication can be thought of as a layered cake. Each layer contains higher levels of complexity, ambiguity and political import. The bottom layer consists of terms like 'flood', 'earthquake' 'explosion', 'demonstration', 'wildfire', 'bankruptcy', 'explosion', 'collision', 'exodus', 'drought' and 'hostage-taking'. They offer relatively straightforward descriptors of non-routine events in the physical world. They often dominate early media reports of newly occurring disruptions. They provide levers for 'placing' the basic features of events into the public consciousness. They can be purposefully used to provide relatively detached, factual, de-politicized accounts of events. For that reason, they are part and parcel of the meaning-making repertoires of operational agencies and technical experts.

The second layer consists of interpretative labels used to frame the situation cognitively, emotionally and politically. This layer includes terms like 'incident', 'accident', 'disaster', 'riot', 'scandal', 'fiasco', 'catastrophe' and 'tragedy'. These words help to tell stories. They allow the storyteller to appeal to commonly held cognitive and emotional scripts. Some of these ostensibly descriptive terms are, in fact, full of normative content, and thus politically consequential in that they portray actors and events in particular ways and convey value judgements. Think of: 'cover up', 'freedom fighters', 'terrorists', 'heroes', 'red tape', 'incompetence' and 'mismanagement'. The adjectives used matter greatly, too. Denoting those who partake in Black Lives Matters manifestations as '*peaceful* protestors' or '*dangerous* radicals' or government responses to a disaster as 'bungled', 'bureaucratic', 'coordinated' or 'agile' reflects different vantage points and different strategic intent on the part of the speakers.

The third layer consists of explicit crisis language. Over time, the term crisis has acquired a host of meanings and has been broken down into

numerous typologies. In the medical world, a crisis marks the stage in an illness where the patient either improves markedly or worsens and possibly dies. In other words, crisis as a fork in the road. Likewise, in the Chinese language, the character 危机(Wéijī) combines terms referring to danger or precariousness, and 'changing point'. Such ambiguity is absent in political parlance. In the political world and in media discourse, describing a community, a public issue or a government project, policy or organization as being 'in crisis' signals serious trouble: something drastic needs to be done urgently to counter the threat and contain the damage.

Applying the crisis label is not mere wordplay. Crisis talk matters. It opens the door to 'claims of urgency' (Spector, 2019): calls for urgent measures *and* urgent questioning of the system's safety, reliability and integrity. The crisis label implies an urgent promotion of action, packaged in a critique of the beliefs, values and interests underpinning 'the way things get done around here'. Crisis talk provides language that can be used to convey the existence of threats to the common cause. It also offers a semantic platform for launching appeals to reconfirm, repair, reform or repudiate the systemic status quo. The effective use of crisis language *moves the relevant system(s) into a critical juncture*, a moment to reconsider what it is, what it does and what it could or should do and how it should adapt and change.

Table 4.1 maps the architecture of meaning making in times of disruption. It juxtaposes 'physical' event characteristics, the key rhetorical tropes that tend to be present in the accounts of actors and observers, and the (intended and unintended) meaning-making implications of these framing efforts. It is important to note that the three columns are loosely coupled—the three types of talk are deployed to construct believable links between events and the meanings attributed to the events by actors, stakeholders and publics alike.

## Framing Contests

In any given crisis, multiple accounts of the what, where, who, how and what are on offer. But only a limited number of recurring storylines constitute the heart of the framing contest. Political leaders follow remarkably similar framing trajectories (cf. Kuipers & Brändström, 2003). According to De Vries (2004, p. 612), officials "will always try to avoid a framework in which they are personally held responsible" (…). They will try to frame a crisis or disaster "in terms of a natural framework. If

**Table 4.1**    Meaning making in disruptive times: a roadmap

| Event characteristics | Narrative tropes⟶ | Meaning-making implications |
|---|---|---|
| | **Meaning-making layers**<br>Descriptive talk<br>Interpretive talk<br>Crisis talk | |
| Nature of the threat/damage | This is what is happening<br>This is what is at stake here | Threat perception & level of arousal<br>Salient values, norms, commitments, interests |
| Locus and scope of threat/damage | This is how bad it is<br>This is who and what are impacted | Sense of loss, fear, relief<br>Sense of ownership, involvement,<br>Intergroup solidarity and conflict |
| Agent of threat/damage | This is how it could happen<br>This is who are responsible | Causal beliefs<br>Accountability beliefs<br>Ingroup/outgroup constructions<br>Trust in system, institutions, elites |
| Future contingencies | This is what could happen next | Expectations, fears and hopes<br>Perceived sense/locus of control |
| Interventions and consequences | This is what must be done to respond & recover<br>This is how to obtain redress and create closure<br>This is how we need to learn & improve moving forward | Perception of effectiveness and fairness of government responses<br>Desire to punish perpetrators, mistake-makers<br>Appetite for socio-political change<br>Motivation to 'move on' |

this is not possible, they will try to blame the disaster on the policy". In other words, they will emphasize exogenous causes, moving the onus of accountability away from them.

That type of storyline emphasizes *exogenous forces* of geography, weather, foreign powers, higher levels of government, international markets, multinational corporations and technological dependencies. It points to the *many hands* syndrome by explaining that the events in question are the product of complex systems and processes traversing geographical, jurisdictional, hierarchical and disciplinary boundaries; it

follows that 'no one' (no single point of authority and control) is in charge (Bovens, 1998). It reminds audiences of the *limits of hierarchical or political control* that leaders and managers can exercise: it is impossible to monitor and prevent each human error of operational staff and first-line management (Reason, 1990). It highlights the *unforeseeability* of the crisis, pointing towards the "unknown unknowns" that lurk in any system, and more so in large, dynamic, transboundary, non-linear systems (Perrow, 1999).

The political upshot of these narratives is that they serve to de-escalate, exculpate elites and divert attention towards deeper flaws and tensions in the institutional design and power realities of the existing system. They direct negative emotions about what is happening and why it is happening *down* (to lower-level staff), *out* (to other actors, sectors, foreign powers, known enemies) and, depending on the narrator's vantage point, *up* (senior management, corporate 'fat cats', international institutions). The indirect message is that people should be happy that the leader is willing to assume the task of crisis management when all these forces are conspiring against the leader.

The French President, Emmanuel Macron, made liberal use of military metaphors to communicate not only the gravity of the threat but also his government's resolve to prioritize the health and safety of his citizens. Macron's rhetorical style befitted the historical script of the Fifth Republic's presidency. No doubt inspired by his illustrious predecessor, General Charles de Gaulle,

> Macron consistently developed a "war" framework, designating the virus as an enemy. This type of framing suggests that the attacking force originates outside society. The President thus declared a "general mobilisation" on March 12, de described crisis management as a war effort on March 16, and further refined this line of argument in his March 20 address, which is entirely structured around war metaphors: deceased nurses "falling" during the crisis, a response organised around "lines [of defense]", "the children of the nation" "fighting" against the virus. The President's speeches call for a "national unity" to defend the nation. (Brandt & Wörlein, 2020)

At the other end of the meaning-making continuum, we find a cluster of interpretive frames that *endogenise the causes of crisis*. These are, in essence, accusatory narratives. They resist the idea that negative events are 'Acts of God', isolated incidents or other people's faults. These frames

problematize the crisis as a symptom of endemic, or underlying, problems. Instead of getting elites off the hook, they put them in the spotlight. Instead of obfuscating issues of power, privilege, inequality and injustice, these accounts highlight them.

These narratives do not legitimate response and recovery strategies that seek to restore the status quo. They rather suggest a dire need for learning, change and reform. In their most trenchant form, they advocate wholesale repudiation of the status quo: think of (neo-)Marxist and critical theory accounts of recessions, welfare state problems and other 'crises of capitalism' (Habermas, 1975; Kliman, 2011; Offe, 1976) or calls for a complete abandonment of intrinsically dangerous industries (Perrow, 1999).

Endogenous crisis narratives animate an activist politics of investigation, accountability and blame that is often welcomed by those who are on the outer edge of the system and those who have felt powerless to change it. When widely given credulity, endogenous crisis narratives can generate public anxiety and anger (Coombs et al., 2010; Jin, 2010). As these emotions will find political expression one way or the other, endogenous crisis narratives can cause serious problems for governing elites (Boin et al., 2008).

News outlets will relentlessly focus on deficiencies and blind spots in existing policies, plans, preparations, training and resourcing, serving up dramatic examples of poor information-sharing and miscommunication between policymakers, agencies and levels of government. More fuel is added when social media fill with conspiratorial accounts in which the crisis is explained as the outcome of deliberately engineering by malevolent elites pursuing pernicious agendas, under cover of the 'fake news' media. All this creates an atmosphere in which large constituencies no longer know who or what to believe and lose trust in experts, policymakers, and the systems and processes governing their lives (cf. Krause et al., 2020; Oyeyemi et al., 2014; Van Prooijen & Douglas, 2017).

### Winning Factors?

The outcome of the contest between competing crisis narratives is hard to predict. Why can governments sometimes 'control the narrative' almost without challenge, whereas in other occasions narrative dominance eludes them entirely (Olsson & Nord, 2015; You & Ju, 2019)?

We can offer some plausible inferences (Boin et al., 2009; Coombs, 2015). One revolves around the placement of a crisis in political time: governing elites are more likely to lose the battle when the crisis unfolds towards the end of an electoral cycle, or when it follows on the back of a recent or otherwise vividly remembered historical precedent. Another is media slant: when key news media have already turned highly critical about incumbent elites, any new incident will help to push 'endogenized' crisis narratives. A third concerns duration: it is much more difficult for governments (or any other actors) to achieve and maintain meaning-making dominance in protracted, slow-burning crises as opposed to relatively short and episodic ones (Boin et al., 2021; cf. 't Hart & Boin, 2001).

The strategies and conduct of the people and groups engaging in crisis communication remain a crucial factor, whether they be political leaders and top officials (Boin et al., 2010; Jong, 2017; Masters & 't Hart, 2012), corporate CEOs and communication professionals (Coombs, 2007; Coombs & Holladay, 2006; Hearit, 2006), media outlets (Olsson et al., 2015), celebrity activists (Marsh et al., 2010; Richey & Budabin, 2016), social influencers (Enke & Borchers, 2019) or social media users at large (Austin & Jin, 2017; Vos & Buckner, 2016).

Why do they 'win' or 'lose' crisis-framing contests? This question opens the door to the other questions. What was their reputation and credibility prior to the crisis? What rhetorical styles do they employ? What framing, casting, scripting techniques do these use? What forms of non-verbal communication do they engage in? Do they instigate or participate in public rituals of grieving, protest, animosity, conciliation, remembrance? Do they show empathy (Dryhurst et al., 2020; 't Hart, 1993)? When and how often do they communicate? How does their messaging evolve over time? What channels do they use, and how do they adapt the content and the style of their messaging to those channels? How do they respond to criticism and accusations (denials, admissions, excuses, apologies)? Do they go at it alone, or do they engage in jointly crafted and communicated crisis framing?

We should also look at the 'receiving audiences' to understand how people 'make meaning' of a crisis over time, both individually (Park, 2016) and collectively (Fischer-Pressler et al., 2019; Hirschberger, 2018). Which messaging and which speakers draw the attention of mass publics?

Who is believed and who is mistrusted by which audiences? Which narratives are adopted and repeated in the deliberations of political forums (Vliegenthart & Damstra, 2019)?

The mountain of research findings that has been produced has not as yet added up to robust theories that can explain and predict the dynamics and outcomes of political crisis communication. But it does provide us with analytical tools to examine the meaning-making dynamics of COVID-19, which we will do next.

## Making Meaning of COVID-19

From a meaning-making perspective, the pandemic had a combination of features that made it particularly challenging to impose authoritative crisis narratives. One such feature is its unusually long *duration*. At the time of writing, the threat had been 'live' for almost a year with no immediate end in sight. Maintaining the public's attention and preserving government credibility proved a hard challenge for many government leaders. Whether it was on the infectiousness and lethality of the virus, the effects of face masks and school closures, the relative merits of compulsory versus voluntary containment regimes, the prospective benefits of contact-tracing technologies or the social, economic, political and geostrategic impacts of the crisis, each layer of meaning making—factual accounts, causal interpretations, accountability claims and 'what-now' narratives—had to be adapted with each shift in the balance of intended and unintended consequences of earlier crisis responses.

In countries like Norway, where high levels of public trust in government combined with swift and successful responses to the first wave, crisis communication was relatively straightforward (Christensen & Laegreid, 2020). Yet, regardless of the success in dealing with the first wave, community scepticism, a sense of loss and social distress gave rise to counter-narratives as the social costs of the imposed crisis regime mounted. Unease about the use of emergency powers and the quality of democracy found expression in high-profile demonstrations, legal challenges, critical reports by legal scholars and human rights groups, as well as 'robust' discourse across both the traditional and social media (Bieber, 2020; Seyhan, 2020).

Conspiracy theories emerged with regard to the origins of the virus and the 'agendas' that were purportedly served by the pandemic (Islam et al., 2020). Donald Trump's 'China virus' label came and went relatively

quickly, but other conspiratorial accounts—featuring, among others, Bill Gates, George Soros, Big Pharma and the Deep State—gained traction well beyond the fringe networks where they originated (Centers for Disease Control and Prevention, 2020; Mian & Khan, 2020). The appeal of these conspiracy accounts was particularly strong in countries or among groups with low trust in public institutions. Early 'misinformation-busting' efforts by the UN, the WHO and the CDC made no inroads (e.g. WHO, 2020).

Even as scientists kept amassing knowledge about the virus at an impressive and possibly unprecedented rate, uncertainty about the virus, its impacts and the best response persisted and deepened. This created a sense-making vacuum that opened the door to information warfare. The editors of *The Lancet* (2020) referred to an 'infodemic'. Authorities have found it increasingly difficult to explain and justify their policies by pointing to the scientific authority of their expert advisers. Early-stage deference to expertise gave way to widespread questioning of that expertise (Perry et al., 2020). Claims such as 'they know best' or 'this has proven to work' lost their appeal over time.

This erosion of government ability to craft authoritative narratives was exacerbated by different experts saying different things, a logical and usually desirable result of the institutional fragmentation of scientific expertise. In open societies, anyone with medical or science credentials could find platforms on which to question the evidence base underpinning official narratives about testing, rules and practices of social distancing, the effectiveness of lockdowns and facemasks, the wisdom of school closures, and the expected timing and safety of vaccines (Camargo, 2020; Reiss & Bhakdi, 2020).

The protracted duration of the crisis and the pervasive uncertainty gave room for an unusual factor to play out in full: the impatience of Modern Man. In fast-burning crises, impatience rarely plays a role of importance. In the COVID-19 crisis, impatience with the duration of the crisis regime, the slow roll-out of the vaccines and the growing perception of governmental incompetence (justified or not) posed new communication challenges for leaders. To 'see light at the end of the tunnel' was not enough. Citizens and business owners wanted to know *when* the crisis would end. Even vague promises would be employed as markers of progress, which undermined the willingness of leaders to make any promises.

The COVID-19 crisis had to be managed without a roadmap. Most government leaders and scientists studiously and sensibly avoided pinning themselves down on the million dollar question of 'when will there be a vaccine?' Governments made do with placeholder notions such as 'the new normal' or the '1,5 meter society' and by replacing one time-limited set of support package with another. As beacons for longer-term expectations and strategic decision-making, these notions were of limited use. When the vaccines finally (and quite suddenly) materialized, government leaders wrestled with the vagaries of a massive roll-out and the escalating patience of various groups demanding priority in the vaccination process.

The transboundary and global nature of the pandemic created a social laboratory for comparing and rhetorically 'benchmarking' pandemic responses (cf. Baekkeskov, 2015). It provided critics with ample ammunition in their questioning why 'we' were not doing what 'they' were doing. Since there were so many variables to consider, so many data points available (Cheng et al., 2020) and so many pandemic response regimes involved, countless comparisons could be drawn, suited to the comparators' purposes and proclivities (Anderssen et al., 2020; Capano et al., 2020; Greer et al., 2020).

'Outlier' jurisdictions whose policy settings or leadership rhetoric differed markedly from those of other governments invited intense coverage, analysis and commentary worldwide (Ortega & Orsini, 2020). The crisis responses of female government leaders and chief health officers were favourably compared to those of male counterparts, invoking infection rates and deaths as evidence. It was powerful rhetoric, but questionable science (e.g. Cherneski, 2020; Sergent & Stajkovic, 2020). Debates about school closures and the use of facemasks inevitably referenced experiences in other countries.

Sweden's COVID-19 experience featured in many comparisons (Irwin, 2020). At least six narratives emerged during the first few months, each of which was misleading in one way or another: (1) life is normal in Sweden, (2) Sweden has a herd immunity strategy, (3) Sweden is not following expert advice, (4) Sweden is not following WHO recommendations, (5) the Swedish approach is failing and (6) Swedes trust the government (cf. Nygren & Olofsson, 2020; Pierre, 2020). In similar vein, the performance of countries such as South Korea, Vietnam, Australia and New Zealand, which initially managed to prevent surging rates of infections or managed to 'flatten the curve' quicker than others, was (prematurely) framed as guiding 'examples' (Lee et al., 2020; Oh et al., 2020).

Another guiding example was the meaning-making performance by the Prime Minister of New Zealand, Jacinda Ardern. A politically astute gun-law reformer, Ardern had gained global recognition for her performance as a genuine and caring 'healer-in-chief' in the wake of the mass shootings at the Christchurch mosque. Ardern had become such a master of social media communication that her Facebook following alone was four times greater than those of the other seven main party leaders combined. She performed what has been dubbed 'a master class in political leadership' (Wilson, 2020) after the coronavirus landed on her country's doorstep (Kapitan, 2020).

## A Long Rollercoaster Ride

Crisis communication is always a delicate business (Frandsen & Johansen, 2020). Making meaning of the protracted COVID-19 mega-crisis has proven to be even harder still. Threats that morph. Uncertainties that do not abate. New uncertainties that arise. Unintended but inevitable negative consequences of control measures that hurt more and more. Public moods and risk equations that shift as a result. Actions taken by other governments and companies that cannot be controlled but affect one's constituents.

As curves were being flattened, acute public health fears subsided and the full extent of the losses sustained by communities and businesses sank in, government press conferences had to contend with more and louder voices of despair and dissent. Government claims were being challenged. The language of 'we' gave way to 'us and them'. Support gave way to rage, as lockdowns were being re-imposed in many places. In the framing contests between exogenous and endogenous accounts of what had happened and what it all meant, the latter gained prominence during the course of the crisis (Morgan, 2020).

When vaccinations started to make inroads, yet another round of complex meaning-making challenges emerged: how to maintain social discipline among the growing proportion of the population that can stop fearing the virus even as their economic prospects take a turn for the worse; how to craft believable narratives about the end of the crisis, the lessons to be learned and the futures that can be carved.

The roller coaster of COVID-19 meaning making will likely continue for years to come.

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# Towards Closure

**Abstract** How will societies emerge from the COVID-19 crisis? Will there be a reckoning with failing institutions and crisis leaders? Will valuable lessons be learned? These are the perennial questions that dominate the transitional phase between crisis and a new normal. In this chapter, we discuss how lessons from previous crises help to understand the many challenges that lie ahead of us.

**Keywords** COVID-19 · Public inquiries · Accountability · Learning · Crisis termination

> Those who made mistakes will have to answer our questions and take on their own responsibilities. We ask for justice.—A grass roots movement set up by Italian COVID-19 survivors (Noi Denunceremo, 2020)

> The only prediction about the future of politics that can be made with any certainty is that the 'COVID crisis' is sure to unleash an outbreak of divisive and disruptive political blame games as politicians, policymakers, advisers and experts all seek to avoid carrying the can for those decisions or opinions that inevitably turned out to be wrong. (Flinders, 2020)

> There are plenty of things that people say and will say that we got wrong and we owe that discussion and that honesty to the tens of thousands

who have died before their time.—Boris Johnson (quoted in Parker et al., 2020)

Even as we fight this pandemic, we must be readying ourselves for future global outbreaks and the many other challenges of our time such as antimicrobial resistance, inequality and the climate crisis. COVID-19 has taken so much from us. But it is also giving us an opportunity to break with the past and build back better.—WHO Director-General Tedros Adhanom Ghebreyesus (WHO, 2020)

## The Need for Closure

It is hard to imagine as we write this, but one day the COVID-19 crisis will be over. Critics will have their say, as Prime Minister Boris Johnson and Professor Flinders predicted (see above). Calls for justice will be met by promises that lessons will be learned. The quotes above tell the story in a nutshell.

The pandemic will not disappear overnight. Pandemics fizzle out in a process of gradual domestication of a once mortal threat (Holmberg et al., 2017; McNeill, 1976; Rosenberg, 1992). This can happen through herd immunity or the development of an effective vaccine. We are lucky: an epic race between dozens of research universities and pharma labs has resulted in an almost unimaginably speedy process of vaccine delivery. Modern biomedicine has delivered the 'quick fix', compared to the much slower process leading to herd immunity.

But the large-scale societal *crisis* born from the pandemic will not simply fizzle out. Crisis closure is important for a society that wants to reach a point where it has learned to live with all facets of the crisis. Vaccines alone will not bring an end to the manifold economic, social, institutional and political conundrums the pandemic has caused. A crisis that is not effectively brought to a close can linger on for years if not decades (Boin et al., 2016).

Without effective closure of the crisis, fateful choices made during the crisis will continue to spark conflict. The central policy question of the crisis—how to protect human lives and at what economic and social costs to society as a whole?—has come into ever sharper relief as the crisis endured and expanded. The dilemma has pervaded cabinet, parliamentary and public deliberations in every country. Divisions have run deep. Referring the matter to 'experts' and relying on 'evidence' unsurprisingly

have not helped overcome them. Every major spike in infections brought the conflict back in full force.

Traditionally, societies have evolved a suite of interrelated mechanisms to achieve crisis closure: rituals of accountability, learning and commemoration. In combination, and when performed in accordance with prevailing public expectations and social norms, these rituals facilitate a form of catharsis—an abatement of collective stress, a cooling down of political heat and a broad societal willingness to turn the page and move on.

## The Politics of Accountability

The disaster sociologist Lee Clarke (1999) once observed that "crises, disasters and scandals result in public disquiet and in loss of confidence in the body of politics. Confidence can be effectively restored only by thoroughly investigating and establishing the truth and exposing the facts to public scrutiny" (p. 8). Before the COVID-19 crisis has come to an end, many scholars, advocates, NGOs and think tanks have already begun to analyse it. Official inquiries will focus on the causes of the pandemic and the responses to it. There likely will be series of detailed, revealing and often painful hearings. Victims will tell powerful stories of their suffering.

We can easily imagine that the following findings—in one shape or another—will emerge from these inquiries:

- We increased our vulnerability to viral pandemics by the way we organized our economies, our culture of leisure, our supply chains and our health systems.
- We allowed the pandemic to take us by surprise. Warning signals were ignored. Our risk perceptions and the state of emergency preparedness were clouded by an erroneous reliance on soothing historical analogies with 'near misses'—deadly viruses such as Ebola, SARS and H1N1 that were effectively prevented from escalating into global pandemics. These plans did not work for COVID-19.
- Institutional failures of imagination fed a sense of complacency with regard to the state of preparation for pandemics. The result: societies lacked elementary resources to combat the pandemic.
- The pandemic ruthlessly hit hardest those in already precarious positions. COVID-19 exposed entrenched inequalities in health, education, work, housing and well-being.

- Government leaders found it hard to make uncomfortable decisions that required substantial sacrifices from large parts of the population.
- The first wave of the pandemic was characterized by a myopic and reactive response mode. We did too little to prepare our populations and systems for second waves, vaccination campaigns and post-pandemic innovation.

Crisis inquiries tend to follow a similar script: they reconstruct the course of events; describe pre-existing rules, structures, policies and responsibilities; establish who did what, when and how in both the lead up and the response to the crisis; offer causal interpretations; evaluate the performance of people, organizations, structures and processes; and make recommendations with regard to sanctions that should be meted out. Heroes and good practices will be identified and lauded. Policymakers will offer rationalizations. Apologies will be demanded (Boin et al., 2008; Lipsky & Olson, 1977; Mintrom et al., 2020; Platt, 1971; Stark, 2018, 2019).

Governments do not always welcome such inquiries. It may take prodding, lobbying and looming reputational damage before an inquiry is initiated. In hard-hit Spain, for example, a group of doctors feared that no inquiry was forthcoming. They published an open letter to their government in the prominent medical journal *The Lancet*, "calling for an independent and impartial evaluation by a panel of international and national experts, focusing on the activities of the Central Government and of the governments of the 17 autonomous communities" (García-Basteiro et al., 2020). It was a deeply political act. Outsiders were to investigate Spaniards. Not just the health system was to be scrutinised but the 'social and economic circumstances'—a thinly veiled reference to a decade of austerity policies that had undermined Spain's pandemic preparedness.

Inquiries might provide a firm footing for learning. It could lead to a catharsis for traumatized victims and badly-shaken communities (think of the truth commissions in South Africa). But most crisis inquiries are, first and foremost, deeply political at heart. Their very design involves choices that are highly consequential and therefore highly contested. These choices pertain to the scope and aim of the inquiry, the people who will run it, the moment of delivery and the available resources. In their case study of the 9/11 Commission's work, Parker and Dekker (2008) offered the following observation:

The 9/11 Commission was established only after a drawn-out political struggle. It was not until 14 months after the attacks on the Twin Towers and the Pentagon that an independent panel was established. The Bush administration, in particular, opposed the formation of an independent commission. It argued that a Congressional joint inquiry into the attacks was more than adequate and that an independent blue-ribbon commission was an unnecessary distraction from the war on terror. …The families of the victims insisted that a broader inquiry was needed. Public pressure and an effective lobbying campaign persuaded enough House Republicans to join Democrats and produce a majority vote on 25 July 2002 to set up an independent commission. Still, the White House continued to resist… It took another two months of intense negotiations before the White House reached an agreement with Congress on the conditions under which the investigation would be conducted…. (pp. 266–269)

Critics will liken the accountability process to a 'blame game' and will accuse policymakers of blame avoidance. This frame can easily become an interpretive straightjacket that degrades the motives and actions of both account-givers and account-holders. With such a prism firmly in place, one might easily forget the broader functions of accountability and the essential standards by which we should assess its enactment (Bovens et al., 2008):

- Are democratically legitimized bodies able to monitor and evaluate executive behaviour?
- Can they induce executive actors to modify that behaviour in accordance with their preferences?
- Does accountability help to unearth and curtail the abuse of executive power and privilege?
- Does it help office-holders and organizations to effectively perform their public tasks (cf. Schillemans, 2016)?

In the charged context of a protracted mega-crisis such as COVID-19, it will not be easy to fulfil these functions. For one, the transboundary nature of this crisis is an ill fit for existing jurisdiction-based, sectorial response capacities (Boin, 2019). The policy environment for COVID-19 spans across multiple sectors of society, levels of government and indeed nation-state boundaries. As a result, it becomes difficult to pinpoint where

responsibility lies, and therefore who are to be the relevant account-givers—and by whom and how they ought to be held to account (Bovens, 1998).

Moreover, the intricate, uncertain and sometimes unprecedented nature of the pandemic makes it difficult to determine by what standards account-holders should assess the performance of office-holders, agencies, supply chains and networks prior to and during the pandemic. Also, given the ongoing nature of the COVID-19 crisis, account-holders struggle with the question of when to begin, how to pace and for how long to sustain accountability proceedings.

### Pressure and Opportunities

Media, commentators and political scientists are often preoccupied with the question whether authority figures will lose their jobs as a result of accountability processes. This is understandable. The iron law of politics holds that when something bad has happened which is considered unacceptable, someone should (be forced to) 'take their responsibility'. That does not mean that those in charge of the crisis response will necessarily 'do the honourable thing' of their own accord (Sulitzeanu-Kenan, 2010).

When cruise ship *The Ruby Princess* arrived in New South Wales (NSW), Australia, in March 2020 with a few corona cases on board, it presented state health authorities with a first test of their pandemic preparedness. The inquiry into what happened next produced a blunt assessment (Special Commission of Inquiry, 2020, p. 32). But the NSW Health staff and the responsible minister all kept their jobs. The latter's colleague in the bordering state of Victoria was not so lucky: when it transpired that mismanagement of hotel quarantine supervision had been at the heart of that state's big and lethal 'second wave', Health Minister Jenny Mikakos and several top bureaucrats were forced to resign (cf. The Board of Inquiry, 2020).

An internal review into the breakdown of quarantine arrangements that led to the reintroduction of corona into COVID-free New Zealand, conducted at lightning speed by three experienced hands, was equally blunt about ministerial performance. It called a spade a spade. The health minister was sacked by the same prime minister, Jacinda Ardern, who would go on to win the election four months later in spectacular fashion (Menon, 2020; Roy, 2020).

This is how accountability unfolds during and after crises: intense discussions about who bears responsibility for what has occurred and what, if any, consequences should flow from these assessments. In times of crises, accountability processes are supposed to bring clarity, facilitate performance assessment, guide sanctioning and contribute to closure.

In spite of valiant attempts, researchers find it hard to predict how accountability rituals will unfold and whether they will serve their social function of extinguishing the flames of collective stress (Boin et al., 2008; Bovens et al., 1999; Hinterleitner & Sager, 2015; Hood et al., 2016; Resodihardjo et al., 2016). But we do know which factors matter in shaping the outcome. Much depends on institutional context, timing, the presence or absence of distractions and scapegoats, and the ever-evolving political calculus of key authority figures. Political capital is another important factor: office-holders enter a crisis with variable reputations and 'credit' as shaped by their prior performances and their level of centrality in the ruling government's power edifice (Brändström, 2016; De Ruiter, 2019; Kuipers & Brändström, 2020; Resodihardjo, 2020).

### Effects of the Accountability Process

The accountability process can have a profound effect on the public's perception of the political system. As the accountability spectacle unfolds, people make up their minds about politicians, institutions and 'the system' (cf. Christensen & Aars, 2019). Not having accountability rituals at all, or being seen to obstruct them, renders them toothless. This will not endear crisis leaders to citizens, particularly those groups who were put at risk or suffered in the course of the crisis. More importantly, it will affect democratic legitimacy. Hilliard et al. (2020) explain why:

> Public demands to diagnose what went wrong and to hold those responsible to account dominate public debates, constraining the range of policy responses available to political elites. In theory, this process is crucial for the restoration of trust between state and society. An over-emphasis on policies of accountability, however, makes negotiations among political parties adversarial, confrontational, and often punitive, limiting the prospect of harmonious decision making and precluding the consensus needed for effective reform. In times of crisis, demagogues ride the tide of popular discontent and hijack calls for accountability to play the blame game against opponents, further trimming democratic legitimacy. (p. 14)

Accountability is especially important in systems where it is not firmly established or is being eroded. In systems where the executive has involved a logic of 'crisis government' to 'grab power' on the wings of the pandemic, crisis closure may not occur through due diligence in performing accountability rituals. When leaders try to achieve closure through issuing directives, telling their subjects that things have gone back to normal while sweeping hard questions about their own conduct under the carpet, trust in the accountability process will quickly erode (cf. Edelman, 1971; Linz & Stepan, 1978; Rossiter, 1948).

Astute politicians understand the importance of performing accountability rituals. These rituals differ per society. In some accountability forums, combative forms of engagement may be allowed or even expected. In others, the script dictates respectful, deferential, open and curious engagement with independent inquiries.

Some parliaments have either been semi-suspended or have decided to give a wide berth to governments during the COVID-19 crisis, thereby postponing the accountability work; others have been highly assertive and have demanded ongoing engagement from government. For example, in a discussion of the Czech Republic during the first phase of the epidemic, Guasti (2020) observes that:

> while the Czech government occasionally swerves towards illiberalism, political opposition, media and courts provide an effective bulwark against the rise of autocracy. Czech civil society, universities, and startups were able to mitigate the scarcity of PPE effectively. Investigative journalists provided information about gaps in the pandemic response. Political opposition unified and held the government accountable. The parliament functions as an effective check by rejecting the indefinite state of emergency. The courts ensure that the pandemic response does not undermine democracy and the rule of law. (p. 55)

In some other European countries, the rule of law and the fabric of monitory democracy were not so resilient (Lührmann et al., 2020). Countries where these violations have been most visible were the ones where democracy had been 'back sliding' prior to the pandemic, notably Hungary and Poland. Concerns about authoritarian 'power grabs' during the first months of the pandemic ran so high that a group of 500 luminaries including Nobel laureates, former heads of governments, judges and

dozens of NGOs issued a collective 'Call to defend democracy'. They observed that:

> Authoritarian regimes, not surprisingly, are using the crisis to silence critics and tighten their political grip. But even some democratically elected governments are fighting the pandemic by amassing emergency powers that restrict human rights and enhance state surveillance without regard to legal constraints, parliamentary oversight, or time frames for the restoration of constitutional order. Parliaments are being sidelined, journalists are being arrested and harassed, minorities are being scapegoated, and the most vulnerable sectors of the population face alarming new dangers as the economic lockdowns ravage the very fabric of societies everywhere. (Call to Defend Democracy, 2020)

## THE POLITICS OF LEARNING

Crises are great teachers for those who are willing to learn (Derwort et al., 2018; Newig et al., 2019). They create opportunities for those who seek to shatter bastions of convention ('the way we do things around here') and open space for hitherto silenced voices, unpopular ideas, untried policies and new institutions (Hay, 1996).

Research findings do not support the often-heard stereotype that crisis inquiries are primarily symbolic 'pressure valves'. In fact, post-crisis inquiries appear to be quite effective mechanisms for learning about crises (Stark, 2018, 2019). The 9/11 Commission's final report, for instance, proved catalytic for reform of the byzantine and distinctly un-collegiate US intelligence community. Likewise, Mintrom et al. (2020) find that Royal Commissions can have positive impacts if they succeed in careful narrative framing, coalition-building and stress-testing to ensure their recommendations are implementable.

This brings us to the challenge of recovery and renewal: how a society can move on after crisis without suffering for a long time from its legacy. The question is whether a society chooses to learn the lessons that will help to move it forward in a stronger fashion. The pandemic has revealed gaps in the resilience of healthcare and emergency management systems. It has exposed the downsides of the 'just-in-time' and 'as cheap as possible' logic of globalized supply chains for pharmaceutical products and critical medical equipment. It exacerbated social disadvantages by hitting hardest those already in the low-paid gig industry, the

long-term unemployed, children locked in precarious family settings and people experiencing disability or chronic health issues.

The pandemic also revealed the strengths of systems, organizations and people, whether it be manufacturing corporations rapidly adjusting their production to meet urgent needs for protective equipment, the remarkable scale and pace of self-organizing community support for elderly and vulnerable citizens, public agencies stepping up to work at breakneck speed and in unusual unison, or governments willing to adopt a bi-partisan and explicitly evidence-based approach to policymaking.

Virologists, epidemiologists and other medical specialists scrambled to find out what they were dealing with, sharing emerging insights about the virus, its impacts and treatment options at frenetic pace. Governments and public health providers built capacities for testing, contact tracing and running quarantines—none of which proceeded without high-profile errors, which, in turn, became subjects of intense scrutiny, and considerable real-time adaptation (Mazey & Richardson, 2020, p. 5). Schools, hospitals, nursing homes, prisons, human services providers, retail stores, internet providers, transport firms, the hospitality industry: all had to adjust their operating models to lockdowns, border closures, infection clusters—and then to government support schemes and regulatory interventions.

At the policy level, learning proved more challenging and contested. Senior policymakers had to learn how their goals could best be met and at what price. In some countries, swift changes to initial strategies were adopted in the light of emerging data and feedback; in others, policymakers persevered with their initial choice while resisting heavy pressure to change tack. The contrasting cases of New Zealand (adhocratic policy learning on-the-hop) and Sweden (policy persistence despite negative feedback and public controversy) provide textbook examples of these different intracrisis learning dynamics (Stern, 2015). Both were performed with conviction and flair, and seemed to resonate well with majority public sentiments in the two countries, but neither proved flawless or incontestable.

From the very beginning of the crisis, a rhetoric of learning emerged, emphasizing the need to distil lessons. What those lessons ought to be is of course anything but self-evident. Nor can it be taken for granted that high-minded commitments to implement recommendations of inquiries are matched by vigorous and sustained efforts to do so. Change may well occur, but not necessarily as a product of learning (Schiffino et al., 2015).

Reaching beyond the crisis response issues, governments at all levels, international organizations, think tanks as well as advocates for innovation and reform in various policy domains have already begun to stake out the terrain and articulate their visions of recovery, proposing alternative futures (see, for instance, Dawson & McCalman, 2020). So have 'pandemic populists' of the far right, and conspiracy theorists who seek to expose and crush the deep state, big tech and critics of liberal democracy (Vieten, 2020).

What all such proponents of 'recovery' and 'change' have in common is that they seek to exploit the surge in attention, the rattled mindsets, the pent-up emotions, the policy vacuums, the political uncertainty and the plentiful debates, to dramatize the need for their version of 'change'. COVID-19 appears to provide everyone with a chance to see what they want to see, and to argue for policy shifts they had been advocating for some time. Advocates for big government, for instance, point to the lack of foresight in pandemic preparedness, which has forced governments into reactive, improvisational fire-fighting:

> Covid-19 might possibly turn out to have been a seismic event in the process by which public policies are made. [It] has demonstrated beyond doubt that when the going gets tough, the public relies on governments, not markets, to come to the rescue... It has taken one virus to kill another. Fiscal constraint, prudence, and 'good housekeeping' rules that since the 1980s framed and severely constrained debates about what is or is not possible across almost every policy sector (and across national boundaries) now look very outdated. (Mazey & Richardson, 2020, p. 8)

Some choose the language of evidence to remind their audiences of the need for equity-enhancing policy shifts:

> We know infectious diseases, like other health conditions, are highly influenced by the social determinants of health. That is, the conditions in which people live, learn and work, play a significant role in influencing their health outcomes. Broadly speaking, the greater a person's socioeconomic disadvantage, the poorer their health. In shining a light on these inequities the pandemic also provides an opportunity for us to begin to address them, which will have both short and longer term health benefits. (Vally, 2020)

But every push for crisis-induced 'lesson-drawing' that involves shaking up entrenched institutions, and the beliefs and interests of the coalitions

underpinning them, elicits a counter push. The defenders of the status quo employ a version of what Hirschman (1991) called the rhetoric of reaction: that the system really isn't broken, that the proposed solutions are futile or even worse than the maladies of the present order, that their introduction will only create confusion and chaos.

## *Learning Barriers*

It is difficult to learn in a well-considered and balanced way from crisis episodes (cf. Bovens & 't Hart, 1996; Stern, 1999). First, the dominant narrative about how the crisis came about may be skewed by hindsight bias, or by an overemphasis on the choices and actions of a limited number of individuals while ignoring broader structural factors, let alone the role of contingency and chance (An & Tang, 2020). The diagnostic work of inquiries—often key drivers of generating lessons—may be compromised by its members putting the pursuit of 'pet theories' above careful consideration of all the evidence, as well as by the imposition of strict deadlines, constrained mandates and paltry budgets (Boin, 2008; Parker & Dekker, 2008).

Second, there is the 'recency' bias. The typical crisis-induced learning effort adopts an $N = 1$ approach: deep immersion into the crisis of the hour, more often than not at the expense of a comparative, longitudinal, multi-N approach that provides a more robust and broader evidence base. Crisis inquiries tend to entrench a single set of experiences packaged into a single historical analogy. This can become so dominant within the inquiry's collective memory and mindset that it unwittingly gears itself up to fight the last war—*only* the last war, and only a particular version of it.

Third, there is the political psychology of crisis learning, which tends to skew receptivity towards the firm and the dramatic, and away from the ambiguous and the subtle. Rocked by disturbing experiences, we are motivated to learn more what *feels* good (and what satisfies our felt need for decisive action) than what a more dispassionate analysis would suggest makes the most sense. De Bruin and Van der Steen (2020, own translation) put it aptly:

> The deeper the crisis, the bigger the societal demand for unequivocal accounts and lessons. When a crisis has produced massive damage and much suffering, we generally become less interested in explanatory nuances and prefer clarity above all. The more unambiguous the explanations, the

more these can be peppered with terms such as 'sharp', 'clear', 'tough' and 'rigorous'. The same goes for the lessons that are being put forward: things need to become altogether and radically different. It is language that feels good when we are rattled by a crisis. This results in a strange paradox: the more complex and comprehensive a crisis has become, the greater the need for competing perspectives on it, and yet at the same time the greater the expected intolerance for such contestability and nuance in lesson-drawing. (p. 12)

Fourth, implementing lessons may well entail the changing of beliefs, structures, systems, staff, procedures or even cultures. None of that comes cheap or easy; it is always risky. Organizations often prove much more adept and willing to learn incremental, cheap and technical lessons. There is less of an inclination to seek learning at the deeper and more strategic level of the beliefs, values and cultures that underpin and sustain their policies and practices.

Even when faced with damning inquiries and heavy pressure to prevent repetition of a recent traumatic event, policymakers do not stop having to make decisions under uncertainty, facing competing demands and limited resources. Some of those decisions may work at cross-purposes of their avowed commitment to 'learn the lessons' of the crisis. Lee et al. (2020) offer a good example:

In 2005, BP experienced a major accident in its Texas City refinery that killed 15 people. This was followed in 2006 by a five-day leak in the BP pipeline that released the largest amount of oil in the history of Alaska. In 2010, BP Deepwater Horizon exploded, killing 11 people and spilling close to five million barrels of oil into the Gulf of Mexico. From each accident, BP learned to improve safety, first in refining and then in pipeline operations. However, the learning was myopic and confined to specific divisions: refining and pipeline operations. BP did not [accept] that it had a deeper problem with a culture that sacrificed safety for profit. By the time BP confronted the Deepwater Horizon oil platform disaster, it was too late. (p. 1037)

How contending diagnoses of past crises and visions for post-crisis futures ultimately translate into institutional learning and purposeful change varies markedly. Most research on the matter suggests we should expect piecemeal rather than dramatic policy change (Boin et al., 2008; Keeler,

1993). Even when crises hand rare windows of opportunity to advocates of reform, they need to play their cards very carefully. They run considerable political risk if they seek to capitalize on the momentum (Berman, 2020; Boin et al., 2009; Goldfinch & 't Hart, 2003; Hogan & Feeney, 2012; Keeler, 1993). Agile status-quo coalitions can manoeuvre to neutralize crisis-driven reform agendas (Cortell & Peterson, 1999; Nohrstedt & Weible, 2010; Pierson, 2005).

## COVID's Long Shadow and the Politics of Memory

The COVID-19 pandemic will cast a long shadow on hard-hit families, communities, regions, professions, industries and nations. It will be remembered as a marker of our times, perhaps as a symbol of our vulnerability or indeed our resilience. People will develop rituals of remembrance and mourning. The catastrophe will make its way into songs, poems, novels, documentaries, history books, just as '1956' did in Hungary (Nyssönen, 1999), major floods did in Dutch cultural memory (Jensen, 2018), and Vietnam (Eyerman, 2019), Watergate (Schudson, 1993) and '9/11' (Bond, 2015) did in the US.

While not necessarily overtly political in how these memories are constituted and modified over time, these processes are deeply political in their consequences. These memories affirm or criticize past choices, and shape perceptions of crisis leaders and the institutions that implemented their policies. They separate the good from the bad, suggesting what communities, professions and politicians should do and not do in regard to future crises. They determine not just what we remember, but also what we choose to forget.

Stories about the pandemic's occurrence will be told, retold and challenged. There will be stories about the hubris of our leaders ignoring the warnings of experts (Snowden, 2020). Stories about the pandemic as an inevitable by-product of the complex and tightly interconnected systems that have been deeply integrated into our way of life, and the cultural normalization of the risk of cascading failures that comes with it (cf. Perrow, 1999; Tomaskovic-Devey, 2020). Stories that explain how the pandemic and the responses to it ended up changing our societies profoundly—or not changing them in spite of all the damage and suffering that was inflicted.

These and many other crisis stories will co-exist in collective memory. They will be fought over. They will be resurrected, forgotten, twisted

and turned, and selectively applied to interpret future epidemiological challenges and the governance of health and disease. Historians, media, history books, teachers, politicians, interest groups will accentuate some version and background others. 'Forgotten' perspectives on the crises will be unearthed and advocated. Like 'Munich' or 'Swine Flu', 'COVID-19' will become condensed and repackaged as a set of historical analogies that will impinge themselves upon the sense-making and decision-making of future policymakers and crisis responders (Beach et al., 2019; Brändström et al., 2004; Khong, 1992; Neustadt & May, 1986).

Like the Holocaust, the Vietnam War, the life and death of Communism and 9/11, COVID-19 has turned big enough and bad enough for its history to be written and rewritten, remembered and forgotten, leveraged and abused for a very long time (Eril, 2020). In that sense, the politics of the pandemic and the crisis it created will not come to an end any time soon.

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# Pathways to Resilience

**Abstract** The COVID-19 crisis has tested public institutions, crisis leadership and societal solidarity to the core. Fault lines have come to the fore; unsuspected strengths have been noted. But will this be enough to initiate the necessary steps to prepare our societies for the future crises that will come? In this chapter, we offer the building blocks for an action agenda. We identify various pathways to enhanced resilience.

**Keywords** COVID-19 · Resilience · Civic responsibility · Experts · Trust · Public bureaucracies · Political leadership · Future crises

## Pivoting Forward

None of us imagined a year ago that we would be wrapping up a book on a global pandemic that has dwarfed all other crises in living memory. For professional observers of politics and government, the COVID-19 crisis has been nothing short of a breathtaking global field experiment in societal resilience. It has shown how systems of government—institutions, leaders, plans, policies, programmes and partnerships—performed in the face of a very serious stress test. The crisis has prompted a smorgasbord of questions, voluminous data and comparative puzzles for political scientists, public administration scholars and students of crisis management.

As we write this, vaccinations are in full swing across the globe. Hopefully, this will mark the beginning of the end of the pandemic. But even in this phase, new critical governance challenges emerge with regard to vaccine production, approval and distribution; the logistical capacity of states to get vaccines into the arms of as many people as quickly as possible; the selection of those who will get the vaccines first; North-South solidarity in the purchasing and distribution of vaccines; the prospect of reaching the high levels of participation in vaccination programmes that are necessary to tame the virus; and the timing—and international synchronization—of the lifting of national and subnational border control, social distancing and lockdown measures.

After these challenges have been met and the immediate danger to public health has faded, the governance of recovery and renewal will take centre stage. A critical point of debate will be about direction: Are we going to try and 'bounce back' or 'pivot forward' on the wings of what COVID-19 has revealed about the vulnerability and resilience of our economies, our communities and our public institutions? This, in turn, gives rise to the question how the experiences of patients, families, corporations, schools, hospitals and governments will resonate in the public policy choices that are to move societies beyond the pandemic.

We cannot second-guess these developments here. We will use this final chapter to look forward in a different way. We view COVID-19 as a harbinger of a new, global, even planetary, species of trouble the world will face (Dror, 2014, 2017, 2020; Helsloot et al., 2012). We need to prepare. Building on the experience of governing COVID-19 as described in this book, we suggest five essential pathways for institutional learning that governments may pursue in order to enhance governmental and societal resilience in the face of the mega-crises that await us (cf. Mazzucato & Kattel, 2020).

## Overcoming Organized Blindness

The COVID experience has highlighted what many risk and crisis management experts have long understood: most public organizations and indeed societies are not hardwired to look for, and appreciate, bad-case scenarios. We should not be led astray by the contemporary popularity of prospect theory—which tells us that once we frame issues as being in the domain of loss, we are willing to go further and absorb more risk in tackling them (Vis, 2011). The prospect of loss, even minimal

loss, has done little to propel a drive towards preparedness. The incubation period of this pandemic illustrates that we face a serious challenge: public organizations must develop the propensity and capacity to scan their environment with a crisis antenna.

The COVID experience demonstrated that in many countries politicians, public health bureaucrats, virologists and emergency planners alike were unconsciously invested in not-seeing, not-grasping, not-framing the signals of something enormously bad developing outside their borders. This 'organised blindness' came in many different forms. Reassuring, but misleading historical analogies suggested that an outbreak would be geographically contained, or at least less impactful than it was in other countries. Scarce attention easily shifted to other, less opaque, more politically pressing issues of the day. The virus was viewed a bit like climate change: potentially very bad, but taking its time before it would be really upon us. Nobody wanted to be the boy who cried wolf.

The drivers of organized blindness are well known (Kam, 1988; Turner & Pidgeon, 1997). Failures of imagination. Disjointed systems that make it hard to connect the dots. The dilemma of dealing with the low-probability, high-impact contingency (Why spend capital on something that is very unlikely to materialize?). The illusion of control, perpetuated by fantasy documents that don't ask the hard 'what-if' questions. The propensity to stick to familiar ground—the 'known-knowns' in the risk catalogue—in crisis planning. The tradition to 'go soft' on the participants of crisis exercises. The language of reassurance crafted for publics that do not like to get upset.

Though these mechanisms have been well understood for some time, they have nevertheless undermined our alertness to pandemic risk. They have caused many governments to lose precious time to heighten public awareness. They hindered mitigation efforts in the most vulnerable sectors of society and undermined the preparation of systems for public health, aged care and emergency management. They have left societies unprepared for the unprecedented crisis that was on its way.

We must do better. We must get better at spotting looming trouble earlier, and responding to it more quickly and smartly than most governments have done in relation to the Corona pandemic. We have succeeded in domains such as mass transit systems, power grids, petrochemical and nuclear industries, civil aviation and food safety. Driven by a deep awareness that if mistakes are made, lots of people die, business models collapse, and institutional reputations are badly affected, regulatory regimes and

cultural practices have evolved in those sectors. They now routinely deliver steady, nearly error-free performance under even the most challenging conditions (Weick & Sutcliffe, 2007).

In those 'high reliability' domains, professionals, managers and policy-makers alike adhere to norms and practices of 'wariness' in monitoring what is or might be happening in systems deemed to be high-risk (Christianson et al., 2011; Maitlis & Soneshein, 2010). What this means in practice is that the usual risk management premises are reversed: stakeholders are socialized into worrying about the potential impact of even seemingly small incidents rather than worrying about the potential stigma attached to devoting scarce resources to a low-probability problem.

The institutional learning challenge of moving from a propensity for blindness to a state of permanent wariness begins with the punctuation of deep-seated illusions of safety and security. We must open up to the discomfort of knowing that we are more vulnerable than we like to acknowledge. Political leaders must be willing to disappoint people and teach them to stare vulnerability in the face and take personal ownership of the risks they run (Heifetz, 1994). They must understand and explain the paradox that the very way in which we have organized successful economies and engaging lifestyles increases our exposure to existential risk (Perrow, 2011). None of this is going to be easy. All of it is deeply political in its implications. But what choice do we have?

## Vigilant Decision-Making

In this crisis, as in most crises, governments had to make stark choices under high levels of uncertainty. The uncertainty lasted a very long time. Political leaders dealt with uncertainty in different ways. While we await systematic evaluation of those decisions, we can offer some early insights. Transboundary threats are not to be navigated on the basis of gut instinct, standard operating procedures, personal caprice, or interest-group lobbying. Precisely because crises can surprise us and shatter our imagined certainties, we need the political responses to them to be both informed and constrained by the best available evidence we can muster under the circumstances. Flying by the seat of one's pants is the inferior option (Janis, 1989).

That said, the crisis also revealed the inherent complexity of a 'listen to the experts first' strategy. Which experts are governments to listen to? What if those experts disagree? And what if some experts become

such revered figures that their authority outstrips the public credibility of the responsible office-holders? In some countries, *too much* deference may have been paid to all too narrowly organized expertise. It is not a good idea to provide a particular epidemiologist or group of medical experts privileged, even monopolistic, access to decision-makers. In some countries, this pattern persisted even when their views and claims were contested by their peers. Nor is it a good idea to rely exclusively on medical expertise to deal with a multifaceted societal crisis.

It easily gets cosy when key decision-makers rely on liked and trusted expert advisers. The effects can be severe. Some perspectives quickly earn prominence, others never get a hearing. Dissent is dampened. Empathy with the burden of responsibility faced by the politicians may begin to influence the advice that is dispensed, at the expense of professional stewardship and robust deliberation. In other words, we must learn to identify what we might call organized tunnel vision: structures of expertise and advice that take hold during the early stages of a crisis and remain in place regardless of the shifting nature of the challenges policymakers face as the crisis evolves.

Tackling complex and evolving crises requires organizing and weighing evidence from a broad swath of disciplines and professions. Much of this expertise is not by definition found in formal crisis advisory bodies. COVID-19 reminds us that the most challenging crises are those that traverse professional bodies of expertise.

The COVID-19 crisis teaches us that expertise matters. It also teaches us that this expertise has to be actively managed and adapted as the crisis evolves. In terms of institutional design, governments would do well to create a series of multi-disciplinary webs and networks of expertise, each primed to be mobilized in relation to key threats in their risk catalogues. In terms of process management, there should be dedicated knowledge brokerage capacity, organized right at the edge of the most senior crisis decision-making bodies. There is a need for 'chief advisory officers'—people whose job it is to exercise stewardship over the quality of the advisory process. To do this job, they need a licence to monitor and manage the composition of the expertise that is made available to crisis leaders, the rules of engagement between experts and policymakers, and the relational climate that develops between them.

## Managing Fragmentation

One of the most challenging aspects of forging effective responses to large-scale emergencies is to overcome the stymying effects of entrenched professional, jurisdictional and sectoral boundaries and mindsets. Professions and organizations have strong views about 'the way we do things around here'. When finding themselves in a situation of having to align their actions to those of other organizations in order to forge holistic responses, they may not be immediately inclined to give up their cherished practices, the beliefs and assumptions upon which these practices rest, and the social identities they confer.

The compartmentalization of authority, budgets and other resources that sustains bureaucratic silos is driven by formalized responsibilities. Public officials tend to serve political office-holders who are held to account for things that happen (and do not happen) in *their* assigned playing field only. Agencies may be more interested in hugging (or avoiding) the spotlight and in protecting their 'turf' than pooling resources and surrendering their autonomy for the benefit of joined-up crisis responses (Rosenthal et al., 1991; Wilson, 1989). Moreover, organizational behaviours and interorganizational relationships are path-dependent: agencies, sectors and jurisdictions—including nation states and international organizations—that routinely squabble over mandates, money, policy priorities and political differences are not likely to suddenly trust each another when a crisis appears on the horizon.

Both the potential and the fragility of interorganizational and inter-jurisdictional coordination in crisis response and recovery operations have been well-documented (Dynes, 1970; Rosenthal et al., 1991). The COVID-19 crisis has merely confirmed these research findings (Alemanno, 2020; Arias et al., 2020; Hattke & Martin, 2020; Zao & Wu, 2020).

The COVID experience is a stark reminder that there are strong drivers of persistent fragmentation even when there is a great functional need for integration. Overcoming fragmentation in how we organize and coordinate crisis responses across boundaries is both an urgent necessity and a formidable institutional learning endeavour (Pacces & Weimer, 2020). Acknowledgement of these realities is crucial. Laissez-faire is not an option.

It starts with accepting that the contingencies we face are so big, complex, intertwined and urgent that to 'go at them alone' is not just

predictably ineffective but foolishly reckless. To overcome all the formal and informal incentives that point in the opposite direction will require wisdom, humility, strength of purpose and tenacity in public leadership. Former top Australian public servant Peter Shergold (2008) captures poignantly what is needed: "[it] requires public servants who, with eyes wide open, can exert the qualities of leadership necessary to forsake the simplicity of control for the complexity of influence… [T]hey need to operate outside the traditionally narrow framework of government, which they have for so long worked within" (p. 21).

But strengthening centripetal behaviour will require more than an organized epiphany. We also need to consider how to overcome existing institutional disincentives. In the absence of a winning formula, this will require a strategy of experimentation with other institutional mechanisms. Some may argue for the appointment of national and transnational coordinators: honest brokers imbued with soft power—the power to persuade, convene and shame—needed to seduce key stakeholders inside and outside government to come out of their rabbit holes and embrace interdependence. Others will argue that nothing short of far-reaching centralization of power, authority and accountability will do if we are serious about building the governance capacity required to deal with the most extreme form of transboundary crisis: planetary emergencies (e.g. Dror, 2014, 2017).

Perhaps the least controversial, no-regret option is to build integrated crisis management from the ground up by investing in boundary-spanning administrative capacity and planning repertoires. Low-politics, backstage platforms upon which epistemic expert communities can flourish. These platforms exist to stimulate joint fact-finding, joint development of risk catalogues and scenario planning, joint exercises, joint formulation and harmonization of standards. These bridging mechanisms help to fill the institutional void that exists in the spaces between jurisdictions, sectors and professions. None of this is heroic, nor is it likely to produce swift results. It is grinding work, but it is the first step in designing joined-up crisis management capacity (e.g. Ansell et al., 2010; Boin et al., 2013; Blondin & Boin, 2020).

## CREDIBLE CRISIS NARRATIVES

Together with other recent crises, the COVID experience has demonstrated just how precarious the contemporary communications environment has become for policymakers. There is a perennial concern about misinformation. There are recurrent claims and complaints about transparency, cover-ups and conspiracies. There are painful contrasts between upbeat governmental rhetoric about harmony, solidarity and consensus about 'fighting a common enemy' and the observable realities of non-compliance and widespread dissent. As the crisis divides the public, dominating contentious 'framing contests' soon proves elusive.

And yet, some leaders and governments did an admirable job of making their narratives dominate for an extended period of time. What seemed to be a common thread between those relatively successful meaning-making performances was a sense of directness and realism, authenticity and consistency in the deliverance of official messages (Ardern, Merkel and Trudeau come to mind). No sugar-coating the nature of the threat. No upholding of the illusion that the government was—or even could be—'in control' while the house was so evidently burning. No hiding of the dilemmas policymakers faced, or of the emotions the crisis invoked in them, too. No paternalistic fear of panicking citizens, but mature engagement with them. Not walking away from errors and misjudgements but owning up to them. Not assuming the nation will get a particular message simply because the head of government has included it in a press conference.

The key building blocks for credible strategic crisis communication are well known (cf. Frandsen & Johansen, 2020). There is no rocket science involved, but it always proves extremely hard to make such a strategy work: aligning the will, the abilities, and the discipline among heads of government and ministers, their minders, the subject matter experts, the communication specialists, the information flows between policy and operations. Given the fragmented, high-speed, politicized nature of today's communications environment, we should not have inflated expectations about the level of narrative dominance that any single actor can be expected to obtain. But we must try. In a crisis, fragmentation of narratives can quickly undermine the legitimacy of a national response.

## Managing Collective Stress

From a governance point of view, navigating crises is not just about dealing with physical destruction, lives endangered or uprooted, and financial costs incurred. It is also about attending to the collective stress that a crisis causes. This brings us into the domain of social and political psychology.

The levels, distribution and expressions of collective stress triggered by crises are highly unpredictable. Who could have foreseen the massive outpouring of grief, sympathy and, eventually, indignation by the British public in the wake of Lady Diana's death? Was this the same nation that had stoically 'kept calm and carried on' during the devastating Battle of Britain? Who would have thought that in the midst of a deadly pandemic, a large group of Americans would storm the Capitol because their candidate had lost the election?

Clearly, the material and psychological realities of crises are not self-evidently intertwined, and may, in fact, be uncoupled. It is hard to predict how a crisis activates people's levels of fear, anger, disappointment, hope, confidence, patience, capacity to forgive and inclination to get on with their lives. We know this much: collective stress can remain pent-up in crisis-affected communities long after the material dislocation has occurred—even long after the material recovery. Some crises cast very long shadows, enduring years or even decades. They fester because rituals of closure have not been performed. Botched investigations, railroaded accountability, scapegoating and empty rhetoric of reform, injustices left unaddressed, organized forgetting—these are the factors that feed societal resentment.

Leaders and institutions may, for valid or not so valid reasons, be keen to 'move on', to turn the page and put the crisis into the past. Emotionally aroused citizens and stakeholders may not allow them to do so. In contemporary, 'monitorial' democracies, disgruntled citizens have ample avenues to make themselves heard (Keane, 2018). The resultant politics of investigation, accountability, liability, blame and compensation typically produce more losers than winners.

To avoid such messy endings, leaders and institutions must learn to recognize, respect and address collective stress. It is not an ephemeral by-product of material discomfort or momentary shock and fear. Collective stress is the thermostat of a crisis. When left unaddressed, it fuels the

public discontent and contestation that drive the escalation towards a full-blown political or institutional crisis.

Governments should get better at the relational work of listening to the voices of those most affected by a crisis. They should not wait until response operations have ceased, but use these voices as data in targeting and adjusting their response efforts. They should aim to create rapid social feedback cycles. Governments should also keep in view that in times of crises the 'how' of government action remains as important to citizens as the 'what'. Governments should not cut corners on procedural fairness, transparency, the rule of law and other essential public values to 'do what it takes' in the face of crisis. Going *praeter et contra legem* invites critical scrutiny that may compromise support for everything else that governments are trying to do in response to the crisis.

Finally, in their desire to close the book on a post-acute crisis and nudge the community to move on from it, governments should avoid some predictable mistakes. Promising too much or declaring victory too soon. Attempting to curtail investigations. Refusing to stage or participate in rituals of mourning, solidarity and remembrance. The enormity of the hurt and loss needs to be acknowledged, again and again. It is only by not walking away from the collective stress and by realizing that it is not 'over until it is over' that governments truly exercise their duty of care and create conditions for wounds to be healed.

## What Matters Now

COVID-19 has demonstrated that come the arrival of a transboundary crisis of mega proportions, good governance—buffeted by social trust, civic responsibility and astute leadership—makes a real difference in forging effective and legitimate responses. The underlying conditions of good crisis governance can help societies meet future crises. We end this book by listing the conditions that matter for the development of administrative, institutional and societal resilience.

*Trust matters.* When the chips are down, an effective crisis response may well hinge on citizens complying with new rules of appropriate behaviours. Erosion of citizen trust in politics and political processes has been a societal feature from the 1960s onwards and escalating since the turn of the millennium. Perhaps it matters less in 'normal' times when political systems can continue to function with containable levels

of distrust. It matters 'big time' when there is a whole-of-society threat and a dire need for temporary adherence to new rules and new norms.

*Civic responsibility matters.* One can easily bemoan the decline of community bonds and civic virtues or explain these trends as the product of new technologies, changing demographics, evolving labour markets and so on. Nevertheless, civic responsibility matters when government crisis policies are predicated on societal-wide behavioural change that requires strong doses of altruism. If societies are to develop long-term capacities for resilience in face of the next mega-crisis, then cultivating a sense of civic duty is essential.

*Science matters.* There is no such thing as a universally agreed, unambiguous and cohesive body of knowledge that provides a combination of effective and feasible crisis solutions. Still, the sciences—from public health and biology to economics, law and psychology—matter greatly when complex, inter-woven threats emerge and the best we can do is gather scarce data in real time and use our expertise to sift through and gauge it before offering advice to decision-makers. In a crisis, we will always need intuition, hunches and good judgement, but this does not mean we should jettison and vilify 'science'. Respect for expertise (and we should be critical and probing when we need to be) is essential for dealing with future crises.

*Public bureaucracies matter.* Mega-crises require massive engagement of the private sector, non-governmental organizations, political parties and ordinary citizens. But the public bureaucracy remains pivotal for orchestrating an effective and legitimate crisis response and recovery strategies. Only public institutions have the legal and political authority, as well as the financial resources and the capacity to direct a societal response—especially if it means shutting down large sectors of market activities and business operation. We cannot expect future crises to be managed without deeply embedding crisis resilience and vigilance in the structures, processes and culture of our public institutions.

*Leadership matters.* If we want to be prepared for whatever crises lurk around the corner, from superbugs to climate change, the quality of crisis leadership is crucial. Effective crisis leadership isn't a top-down exercise. It must remain constrained by democratic checks and balances, particularly so when executive powers are being expanded to meet threats that are

deemed to be extraordinary. The work of public leadership in crises is to ensure that governments not only strive to do 'what works' but always consider the social and political legitimacy of their actions.

*Political choices matter.* Ultimately, societies have to make political choices about the envisioned state of resilience and the price that will be paid to accomplish it. These choices are constrained by all manner of path dependencies and political powers, but they are choices nevertheless. Do we want to follow the usual rituals of post-crisis learning where we end up with packages of ring-fenced reform that lead us straight back to the 'pre-crisis normal'? Or do we recognize that our systems of public governance have been closer to breaking point than we could ever have imagined, and that we should seriously consider the case for reinvigorating public sector governance capacity—not as a symbolic reflex but for the sake of enhancing resilience?

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