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"I think we should have shown more empathy as a state" - A critical reflection of the COVID-19 response in Austria

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INTRODUCTION

Although COVID-19 started as a health crisis, it quickly became more than that, affecting all areas of life. By now, almost all restrictions were lifted, yet restrictions and – at times – their negative consequences – particularly on vulnerable groups – were part of our lives for the past three years. Thus, we want to use this point in the pandemic to reflect on Austria's pandemic management. Based on our findings we argue that the initial public health responses and their primary focus on minimising COVID-19 transmission, and death (along with financial mitigation strategies) were necessary and good. However, three years have passed. Yet, official definitions of vulnerability and responses have not been updated; they are still focused rather narrowly on medically vulnerable people, and, to some extent, groups with an elevated risk of exposure to the virus. This report, based on the ongoing research realized within COVINFORM, clearly indicates that certain groups have fallen through the cracks in this framework, suffering ongoing harm. A focus on health outcomes ignores the lived experience of those outside of the norm of the white (male) middle-class nuclear family and those who are affected by structural inequality.

Vulnerability can be defined as "the conditions determined by physical, social, economic, and environmental factors or processes, which increase the susceptibility of [an individual or] a community to the impact of hazards" (UN/ISDR, Geneva 2004; cited in United Nations International Strategy for Disaster Reduction 2005). In this report, we reflect on vulnerability and what is needed to create a crisis response that allows all groups to live their lives well — as much as this is possible in a crisis. To do so, we follow Atkinson's et al. (2019) critique of common approaches to community wellbeing. Building on that critique, we contemplate how, in the face of the multiple crises affecting our lives, a concept of community wellbeing could be drawn upon to create crisis living conditions that do not privilege one sort of vulnerability over others. Specifically, we explore three dimensions defined by the authors: 1) inequality, 2) scale, and 3) temporality. Reconsidering COVID-19 responses along these dimensions pushes us to give more space to underlying inequalities; to shift from a narrow concept of (individual) health to a more communal approach to wellbeing.

METHODOLOGY

The first step of the research realised within COVINFORM, consisted of desk-based research, followed by a document review, to gain an understanding of the pandemic responses. The documents reviewed were collected between March 2020 and November 2022. We focused on the following dimensions of COVID-19 pandemic management: government, public health, community and civil society, as well as crisis communication. This analysis was followed by expert interviews with 1) government officials, policymakers, and public authorities, 2) public health practitioners and experts, and 3) representatives of civil society organisations (CSOs). Additionally, we conducted 12 interviews with women of low socio-economic backgrounds in the City of Vienna. All interviews analysed for this report were conducted between November 2021 and October 2022 in Vienna (Austria).

Table 1. Interviews conducted in Vienna, Austria for the empirical research of COVINFORM project

Stakeholders type	Number of interviews
interviews with government officials, policymakers, and public authorities	**4**
interviews with public health experts	**4**
interviews with CSO representatives	**4**
Interviews with low SES women	**12**

THE (PROBLEMATIC) FOCUS ON HEALTH VULNERABILITIES IN THE COVID-19 PANDEMIC

In the documents we reviewed, the Austrian government, understand vulnerable groups as those who are at higher risk of suffering from severe symptoms and to whom the disease could potentially be life-threatening: these are people aged over 65 years as well as people with (chronic) pre-existing conditions of all ages(ref). The most important document in relation to this is the so called *COVID-19 Risikogruppen-Verordnung* (COVID-19 risk order)[1]. The order itself was updated but never extended beyond health vulnerabilities. As a government representative point out, the focus was on medical indicators:

> *"We solved this through a legal perspective… that these under quotation marks vulnerable groups who are still active on the labour market... they were defined and they are allowed… more or less… to permanently work in home office. That means that there is a definition. There are medical indicators and there is the right for these people to stay in the labour market, but just from their homes." (Government_1, Austria)*

The other important document in relation to defining vulnerability in Austria is the document that outlined the prioritisation for the COVID-19 vaccination, established by the NIG (Nationales Impfgremium/ National Vaccination Committee). This was the roadmap to Austria's vaccination program[2].

> *"Finally, this was done by the "national" definition. More specifically through the NIG through the prioritisation they established in terms of vaccination. We know that vulnerability is the age of a person, particular medical constellations, this means risk factors and exposure. This is not a bad definition. So, if you think about it, you can even observe this." (Government_2, Austria)*

The document outlines, on the one hand, health risks like chronic disease or pre-existing conditions and, on the other hand, exposure to the virus (in a work setting). The focus on exposure adds a different layer to the definition of vulnerability: it moves beyond a focus on health status towards the likelihood of getting infected due to exposure during work. Nonetheless, the focus on health outcomes remained. However, focusing on exposure meant that teachers or health care stuff were recommended for early vaccination. In Austria, these are often professions with lower income and a high percentage of women in the workforce. As such, the focus shifted, to some extent, to groups who felt the negative social impact of COVID-19 more strongly.

[1] https://www.ris.bka.gv.at/Dokumente/BgblAuth/BGBLA_2020_II_203/BGBLA_2020_II_203.pdfsig

[2] https://www.aekktn.at/documents/e031f3c0-4066-11eb-a558-5254009ad2fe/Empfehlung%20des%20Nationalen%20Impfgremiums%20zur%20Priorisierung%20von%20COVID-19-Impfungendocx.pdf,

AN ALTERNATIVE PERSPECTIVE ON VULNERABILITY DURING COVID-19

Spatial and social inequalities

Interviews with stakeholders in Austria revealed a wider range of understandings of vulnerability and inequality than were present in official definitions. While some stakeholders – particularly in higher levels of government – hewed close to official definitions, other stakeholders – particularly in local government and CSOs – expressed concepts of vulnerability that went beyond official definitions. They mentioned multiple other harms and other forms of vulnerability imposed by the pandemic, such as the double care burden for women, the loss of jobs in precarious settings, or the psychosocial pressure of isolation, especially for the very old and young.

Table 2. Vulnerable groups that came up most often in the interviews with stakeholders

Main group	Subgroup(s)
Refugees and other migrants	
Women and children in high-risk situations	Those subject to familial/partner violence
	Sex workers
People working in precarious or otherwise unfavourable conditions	Meat workers
	Farm workers
	Short-contract workers
People living in precarious or otherwise unfavourable conditions	The houseless/homeless
	People living in crowded flats/buildings
	People living month-to-month
The socially excluded	Addicts
	The mentally ill
	Runaway youth
Economically precarious families and individuals in general	
People with information/communication vulnerabilities	Refugees and other migrants with no or little knowledge of the local language
	Those with learning disabilities or cognitive challenges
	Those with little formal education

Here, vulnerability is directly linked to pre-existing structural inequalities. The way these vulnerabilities were framed in the interviews highlights that they are often perceived through the lens of 'a lack of capability' of groups and individuals to protect themselves from the virus and other negative consequences of the COVID-19 pandemic. One of the reasons we heard most where so-called communication vulnerability, i.e., communication barriers or challenges that people experience while living through a pandemic. There are multiple reasons why groups or individuals lack crucial information about potential risk and strategies to mitigate these risks.

> *"For me, these (vulnerable groups) are people who are hard to reach through the media because they do not consume them for various reasons…when they are homeless or something similar…so that they do not participate in social life or do not want to or it is just not really possible for them. And, the third group would be people that…. because of … different barriers for example language barriers…that are not that easy to reach as let's say the average citizen." (Government_3, Austria)*

CSO representatives often expressed nuanced understandings of the ways in which COVID-19 multiplied spatial and social inequalities that harm not only physical health, but wellbeing more broadly understood:

> *"[…] our classical clients they are not so much affected by income loss due to COVID-19 because they are basically always in a state of financial crisis. The things you recognise in relation to vulnerability is then that.. particularly in the beginning….when everybody was in sheer panic…because nobody knew how this virus really works …and really everybody stayed at home…some issues really became visible. Many single mothers that.. normally have dinner with their parents three or four times a week with their children…they stopped doing this because the parents are 70, 75 and they were too scared to infect their parents. And, then you realise that even though the social system in Vienna is not bad… but that people still need informal support from family and their community to get by […]." (CSO_2, Austria)*

This is underlined by the experiences of a young and married mother of three children who is of low socio-economic and migrant background, living in Vienna. Her family's housing situation could be described as living in overcrowded condition which can lead to bad health and mental health outcomes, particularly during a pandemic[3]. Further, in Austria it is a structural problem that migrants, particularly those of lower educational background, have less living space available than Austrian families[4]. As such, marginalised groups do not only suffer from less available resources but potentially also, as a consequence of their lack of resources, from worst health and mental health outcomes.

[1] https://www.ncbi.nlm.nih.gov/books/NBK535289/#:~:text=Household%20crowding%20is%20a%20condition,the%20dwelling%20and%20the%20household.

[2] Berger, Tania, Czerny, Margarete, Faustmann, Anna, Perl, Christian (2014) Sozialraumanalyse: Konzepte und Empfehlungen zur Umsetzung von Integration in Niederösterreich. Erstellt vom Department für Migration und Globalisierung der Donau- Universität Krems im Auftrag des Amts der Niederösterreichischen Landesregierung. Schriftenreihe Migration und Globalisierung, Krems (Edition Donau-Universität Krems)

"So, for now we have to stay in this apartment, in a 51m² apartment, we are five people. Let's see what will happen in the future years. And the living environment, my living environment, the environment outside where I go, overall, it's for me, it weakened my psyche a lot because it was very hard for me. Always with these children, three children. Then the language barrier with their language. I understand a lot but not so well. And Corona, as you say, came on top of that. Don't do this, don't do that, don't go there, do that. It made life very difficult and the environment. It made the situation difficult overall for us." (Resident_3, Austria)

Multiple settings and scales

People "belong" to multiple communities that are associated with different scales and settings (Atkinson et al. 2019, p.1911). Understanding both vulnerability and community wellbeing thus requires examining interactions on multiple scales, in different settings, among multiple population groups and institutions. The interviews brought three types of scalar aspects to light.

First, interviewees often discussed the tensions inherent in Austria's federal governmental and public health system. At the beginning of the pandemic, the crisis response was centralised under the responsibility of the federal government, which was welcomed by the state provinces. This changed over the duration of the pandemic, with state and local authorities increasingly adapting federal guidelines to better suit the specific challenges they faced. Our interviewees often observed challenges and conflicts in this process, as can exemplified by the following quote.

"All in all, the crisis came rather suddenly and unexpectedly for most people, especially the rapidity of the development in Austria at the beginning of March 2020 with the uncertain prognosis of how it would continue. So, in my impression, everyone was very happy that there were corresponding guidelines and legal measures at the national level. And in the end, the federal provinces, but also the social partners, the operational organisations connoted this rather positively, so to speak, that there is now strong leadership, so to speak, that there are clear instructions, and that it was also clear for the population, so to speak, how they have to behave. Later on, however, things developed differently, didn't they? On the one hand, this leadership is no longer so clear, there have been many political disputes. Suddenly, in the last few months, there have been many developments where the federal government, the national level, has given up this control sovereignty and transferred it to the Länder (federal states) in the sense of federalism, which have then acted according to their own discretion, which has led to differences between the Länder, and that there has been more public debate about this and that the systems are no longer completely harmonised. Now, this lockdown, for example, is no longer at the instigation of the federal government, but at the instigation of the provincial governors and the Minister of Health." (Government_2, Austria)

A related second aspect identified by interviewees was poor communication between actors in multi-level governance systems. For instance, interviewees often had difficulty communicating and coordinating with authorities. Interviewees also reported a lack of effective feedback mechanisms between authorities, residents, and intermediary CSOs. A representative of an CSO described the need to improve communication structures as follows:

> *"So, my contribution for the future will be that we as an organisation better connect the actors among each other. um [long pause] The experiences I had at the beginning, when we were in the Ministry of Health, were that we knew each other among the ministries, i.e. within the ministries, but cooperation across the ministry's borders was very, very limited and sometimes it was not clear who was the contact person at eye level in the other ministry." (Government_1, Austria)*

Third, we found that spatially remote events have distinct impacts on wellbeing on a local level. One example is the war against Ukraine, which representatives of CSOs indicated had put a strain on their organisations and communities. The following quote by a young Russian student living in Vienna illustrates how multiple scales impact on her life. The young woman moved to Vienna shortly before the COVID-19 pandemic hit and found herself isolated, particularly from locals, as she had little time to meet new people. In the quote, she is talking about the Russian war on Ukraine and how this ongoing event has influenced her social contacts in Vienna after already being isolated from locals for the first two years of the pandemic. She was looking forward to finally meet new people once the pandemic situation eased a bit. Then the war started, and she felt the need to connect with other Russians and Ukrainians who would understand how she feels. However, this left her isolated from her peers in Vienna.

> *"And the same thing going on right now, which is not connected to COVID but to the war situation, like second wave, when I felt like, okay it was started to go like into two directions of connections and more integration here, as now it's open again but then the war starts and again it goes back to much more connection to people who actually understand this problem of being within these parameters." (Resident_1, Austria)*

Temporal choices and legacies

Wellbeing is constituted by multiple temporalities, which involve "the intimate flow of life-courses, intergenerational relations, processes of stability and sustainability, the longer trajectories of history, change and cultural heritage and the relationship between them" (Atkinson et al. 2019, p.1909). Looking at vulnerability, we see a parallel structure. Therefore, we need to consider temporality in the COVID-19 crisis response in a twofold way: first, we need to understand and take into account that social inequalities are historically embedded. Second, COVID-19 is an ongoing crisis that has spread over the course of more than three years. As such, the temporality of the crisis itself needs to be considered as the effects on society and people have changed with time. Yet, we can observe a lack of attention to temporality on several levels. Interviewed stakeholders often talked about 'secondary effects' of the measures. These 'secondary effects' are the unintended consequences of the pandemic management e.g., lockdown and include loneliness, social isolation, and decreases in mental health. Some stakeholders even describe them as more devastating than the disease itself, in particular loneliness. With every lockdown people suffered more and more under loneliness and isolation and their negative effects intensified as the pandemic continued.

> *"[…] the social exclusion of older people…this was already a topic prior to the pandemic but now it is an even more pressing issue. And by now we all know that mental health…not only for risk groups or vulnerable groups…that mental health is an important topic. If somebody is mentally well then this also positively impacts their immune system […] so it is hard to create balance…between how strict can the measures be to protect people and is this still an ethical approach?" (Government_4, Austria)*

While at the beginning of the pandemic it was a reasonable goal to protect at-risk groups from severe health consequences and, in the worst case, death by the disease by implementing measures such as lockdowns and physical distancing, with the duration of the pandemic, the 'secondary effects' of such measures became increasingly problematic. Despite this, the governments did not seem to consider the wide-ranging effects of the measures and did not adapt responses over the duration of the pandemic. By looking at temporality, we can observe that "inequalities are reproduced both structurally and affectively" (Atkinson et al. 2019, p.1916).

This leads us to another aspect of temporality and a second example: children and youth. During the pandemic, children and youth became a vulnerable group. This shows how vulnerability is relational and changes over time. At the beginning of the pandemic, this group was not thought of as vulnerable due to their minimal risk of serious illness. However, children and youth were increasingly seen as vulnerable as the lockdowns and isolation impacted their social and personal development. They were not allowed to go to school, which not only impacted their learning, but also minimised their social interactions during a crucial time of development. Once the vaccines were widely available for adults but not yet for children and youth, they also were categorised as medically vulnerable as they had less protection than most of the society.

"To be honest.. children, that is what I keep on thinking and youth. I have a 15-year-old daughter. She actually took the whole thing pretty well but in her class and school there were a few who really struggled…they really suffered." (CSO_1, Austria).

This is also reflected by a woman of low socio-economic and migrant background we interviewed. She is a young single mother of three children. In this quote, she talks about the struggles of her young daughter who had difficulties coping with lockdown:

"And somehow there wasn't much room, you can't say that. But with children and they were just not allowed out, then that is. You're not allowed to play football. They liked to go to the big park and you're not allowed. […]. For my daughter it was a bit difficult. She cried and I said it's all closed. And kindergarten is also closed. Show me, show me and we went to the kindergarten. The door was closed. I said look a few times and said it's closed, you're not allowed in and there somehow." (Resident_12, Austria)

CONCLUSION

Our analysis showed that the Austrian pandemic management had a strong focus on health vulnerability and barely acknowledged other forms of social vulnerability. This is problematic as it has been proven by now that COVID-19 deepened pre-existing inequalities[5]. More so, after three years of living through a pandemic, we have seen that COVID-19 pandemic is more than just a health crisis: it affects all areas of life. Listening to the experiences of those directly involved in the pandemic management highlights that a shift from a health-based approach to a wellbeing approach would be more appropriate given the longevity of the crisis. When asking questions about inequality, scale and temporality, we can see how a.) COVID-19 impacts differently on various groups of people, b.) people are affected by multiple spheres reaching from the local to the national to the transnational one, c.) that risk and vulnerability are changing over time. These aspects create new pressure points for vulnerable populations which cannot fully be understood when focusing solely on health outcomes.

[5] https://reliefweb.int/report/world/policy-brief-impact-covid-19-women?gclid=CjwKCAjwolqhBhAGEiwArXT7K8etj0MYes7MIV7z-q6osGCCpBf-rdHwv1C9k-CwaIGn1flbenxkLvxoCKFQQAvD_BwE

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