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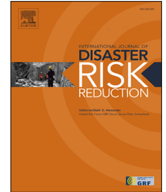

Rethinking Vulnerability in the Nordic countries: Lessons from the COVID-19 Pandemic

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ABSTRACT

The COVID-19 pandemic has highlighted the need to rethink our understanding of vulnerability. This conversation has started to emerge in different forums across the Nordics. In this context, the Nordics have seen different responses to the COVID-19 pandemic. In this piece, we present three dimensions needed to push beyond the traditional notions of categories in understanding vulnerability. We also present different examples on how vulnerability manifested itself through different dimensions which may be different to natural hazards.

1. Introduction

The term 'vulnerability' has been used excessively during the COVID-19 pandemic across the world and the Nordics were not an exception. Vulnerability can be viewed from many different perspectives – social, economic, cultural and political, or with a traditional public health lens in the terms of clinical vulnerabilities of who is probably more at risk during the pandemic. Most people conjure a mental image of the Nordic region as a culturally homogenous society, with strong publicly owned social support systems and manageable vulnerabilities. However, this does not reflect today's reality, with growing socio-economic disparities and multicultural populations [1]. This piece presents the viewpoint of the Network on Transboundary Pandemic Crisis Governance, an interdisciplinary group of researchers, who came together to discuss the implications of COVID-19 and the pandemic management response across the Nordic countries of Denmark, Finland, Norway and Sweden. By reflecting on how vulnerability was defined and addressed in policy making in these countries during the first year of the pandemic, the Network highlights the need to move beyond traditional notions and understandings of vulnerability. The Network presents three main take aways from the discussion on vulnerability that may help to keep the debate on vulnerability on going, now that the pandemic seems over, and to shape future complex responses to complex crises that consider equity as an important component to decrease vulnerability in the population.

- ***Vulnerability is intersectional: both the problem and the solution need an equity lens***

In the disaster research scholarship, vulnerability as a concept has been debated for many decades. However, the COVID-19 pandemic has highlighted the need to rethink the static usage of the concept and consider vulnerability beyond labels and categories, such as those of certain vulnerable groups (elderly, migrants, homeless, immuno-compromised population etc.) [2]. In the Nordics,

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like in many other countries, the answer to the question of *'who is vulnerable'* was always answered by indicating specific categories and groups of people. Vulnerability from a clinical perspective during COVID-19 centred largely around direct mortality prevention with the focus on protecting the elderly and those with comorbidities. The broader picture of clinical vulnerability, with prevention and management of morbidity, was addressed through the goal of ensuring the healthcare system was not overwhelmed and therefore unable to provide other essential care. However, the emergence of clinical vulnerability through restrictions came with unintended consequences – such as negative mental health consequences of social isolation, delayed elective procedures, and reduced physical activity. While these groups include dimensions of both clinical and social vulnerability, policy making should seek to differentiate these vulnerabilities, since a policy intervention on social vulnerability may, for instance, have negative effects on clinical vulnerability and vice versa.

For example, during the COVID-19 pandemic, the elderly were seen as a universally vulnerable population - the group most susceptible to deaths. This clinical cohorting is based on an understanding of vulnerability that is uni-dimensional and static: the elderly are vulnerable. However, in Norway, those who were unemployed, with low education and income were particularly affected by the pandemic and the measures put in place to contain the spread of the virus. Most of them were immigrants [3]. Immigrants from Somalia, Pakistan and Iraq registered the highest rates of contagion and hospitalisation (see Ref. [4]). Unfortunately, the pandemic fostered certain public negative attitudes towards immigrants, especially those with low income jobs and lower education (see Ref. [4,5]). Vulnerability can also stem from the intervention itself. In Denmark, research on children and youth show that home schooling during the lockdown posed challenges to school children's mental health and well-being [6]. Additionally, many school children felt uncertain about their learning and development. Especially those with less resourceful parents and with little or no access to adequate learning spaces at home [7].

An intersectionality lens clearly demonstrates the need for a more nuanced understanding and framing of vulnerability (see Ref. [8]). Social vulnerability within affluent settings remains an under-researched subject. The pandemic highlighted many aspects of inequities in the different Nordic countries. Relevant to a Nordic context is that "Affluent individuals or households who may be socially disadvantaged due to conditions, such as age, limited mobility, poor health or racism, may not derive any benefits from their otherwise secure financial position" [9]. During the pandemic, the discussion on vulnerability ignored both the heterogeneity within this population and the relative importance of other forms of vulnerabilities and outcomes. Given vulnerability is a complex spectrum of how individual, community level, socio-political, economic and environmental factors converge in a given time and space, policies that rely on simplistic cohorting (e.g. over 70 years are at risk, and under 70 years are not) can end up exacerbating inequities.

- ***Contagious Vulnerability: Vulnerability exacerbates the pandemic?***

While it is common for vulnerability to follow certain socio-economic cleavages in society during most disasters, pandemics add an additional layer of stigmatisation to those already vulnerable. During floods, earthquakes, and famines, for example, vulnerable groups would often already be marginalised (due to class, economy, or ethnicity) [10,11]. More resilient social groups might aid the vulnerable through donations or other ways of support. Some might be indifferent to the plight of different vulnerable groups of people. Others still might blame the vulnerable groups themselves for their situation. However, pandemic crises are somewhat unique in the fact that, it may be seen that vulnerable groups (with higher than average rates of infection) might exacerbate the crisis for the whole society? There is a high degree of interconnectedness between the vulnerable groups and the rest of society that is somewhat unique to pandemics. This can lead to stigmatisation of the vulnerable groups - for example, migrants were being shunned and were accused of keeping the pandemic going due to their higher rates of infection and social workers who worked several jobs were blamed of exposing the elderly to unnecessary risks.

Vulnerability during the pandemic due to high risk of exposure of certain livelihood groups could lead to avoiding people, not only with the intent to protect oneself but also because some vulnerable people were perceived as more likely to be infected with COVID-19 and pass it on to others. This is particularly the case with "*essential workers*" or "*frontline workers*" who did not have the luxury to work remotely. Further, people from diverse ethnic and minority backgrounds whose vulnerability stemmed from a lack of communication (or rather: of tailored cultural communication) were also more likely to be essential workers Sigurjónsdóttir et al., 2021. [12]. Some countries have used explicit definitions of who qualifies as an essential worker, not only including health care workers but also a range of others from teachers to supermarket workers and last mile delivery people, to name a few. People in such positions were viewed as not only likely to be susceptible to COVID-19 but also as those who may exacerbate the pandemic since they are exposed to a multitude of close (physical) contacts on the job.

Other vulnerable groups were both more exposed to the virus and more likely to have severe health complications. For example, many homeless people exhibit converging vulnerabilities: poverty, poor immunity; mental health issues, potential substance abuse, reduced access to health care, and social isolation [13–15]. The Nordic countries continue to have a strong social welfare focus. Yet, there has been little convergence in their definitions of vulnerable people in the first months of the pandemic beyond an initial focus on the elderly. According to Thulagant et al. [16], Denmark was unique in targeting youngsters and citizens with mental health related vulnerabilities, people who felt lonely, homeless people, and pregnant women. Conversely, Sigurjónsdóttir et al. [12] highlight that in Sweden, people in "deprived areas" felt left behind, and that all across the Nordic countries, people who had no bank accounts and/or national social security numbers (i.e. migrant workers, foreigners incl. Exchange students, paperless people, homeless people) experienced difficulties in accessing relevant services. Some of these groups were further stigmatised during the pandemic for "bringing the disease" at the same time as they could not access information nor health care services. In Denmark, during the summer of 2020, COVID-19 became particularly prevalent within the Somali community. This led to clear acts of discrimination and stigmatisation. In addition, children were affected by the restrictions in discriminatory ways. One kindergarten, for example, refused to accept a Somali two and half year-old child without a negative corona test, citing the rationale that more than half of the Somalis have COVID-

19 (Jyllands-Posten, 11 August 2020). The pandemic highlights the need to re-examine the contours of our understanding of vulnerability conceptually.

- ***Dynamic Vulnerability: Is everyone vulnerable?***

If vulnerability is to be an effective measure for policy action, vulnerability must be seen as a dynamic characteristic very much influenced by the context. The criteria we currently use to define whether a person is vulnerable (or not) are based on people's identities. As such, vulnerability should not be understood as a permanent and categorical condition of an individual, like a label that we attach to someone given certain conditions (such as age, mental and physical impairments etc.) that persist in time [17,18]. There are different factors that influence vulnerability, which can be static or situational. In terms of vulnerability, it is the structural factors that interact with a certain situation that makes some characteristics more important than others [18]. From a Nordic perspective, the COVID-19 pandemic clearly highlights the need for more critical and nuanced reflections on the concept of vulnerability. Thus, we suggest there is a need to also ponder: Who should not be identified as vulnerable? Most people felt vulnerable at some times during the pandemic. Thus, vulnerability is not a binary static concept and social groups do not always adhere to the categories of vulnerable or indeed non-vulnerable.

As highlighted above, in the beginning of the pandemic, the response was to shield the most clinically fragile part of the population - the elderly and those with pre-existing health conditions. Different Nordic countries had different measures in place to contain the spread within these populations specifically. However, there was a strong focus from the health authorities to take care of the individuals based on binary categories. For example, in Finland, during the first lockdown in the first wave of the COVID-19 pandemic, the elderly in the Helsinki region (here defined as people over the age of 70) were not allowed to leave their homes. Thus the city of Helsinki partnered up with NGOs for a programme called "Helsinki-apu" (Helsinki helpline) to deliver them food and medicine [19,20].

Such political decisions on vulnerability artificially divided the country's population into two vast homogeneous groups: "the vulnerable" – elderly and those with pre-existing health conditions and "the not vulnerable". The pandemic presents a unique phenomenon - from a clinical vulnerability lens - protecting the elderly does seem logical and immediately actionable. However, social vulnerability was often overlooked. In due course, in practice, the pandemic revealed several layers of vulnerability, risk and exposure, which in turn enlightened the complex relationship between clinical and social vulnerabilities. To truly protect the vulnerable who were categorised based on age, the social and economic vulnerabilities of those interacting with them needed to be acknowledged and addressed. For example, if the people caring for the elderly were unable to protect themselves (e.g., live in crowded housing, taking public transport, etc) then the elderly are not protected - even if there are restrictions in place. Groups of people who were not part of the categories such as young students, foreign students who were left with no social networks etc., highlighted new forms of being vulnerable. This fundamentally challenges the notions and questions of who is vulnerable. The pandemic also clearly revealed that vulnerability is not uniform, and people experience disproportionate impacts and burdens based on pre-existing socio-economic factors. Further, within the question of who is vulnerable, there was hardly a discussion of new and emerging vulnerabilities. While static definitions of vulnerability may provide a simple and valuable approach for policy and action, they risk overlooking dynamic, complex and more invisible forms of vulnerability. Complex vulnerabilities, including those created from the interventions to contain the spreading of the virus, were however inadequately addressed. In the long run, looking at post-pandemic recovery, if policies are to successfully target individuals based on their vulnerability, we need to move beyond this binary categorisation/labelling about who is or who is not vulnerable and focus on different forms of dynamic and intersectional vulnerabilities.

2. Concluding remarks

The main challenge for policy makers in tackling vulnerability is to address issues arising from socio-economic contexts that lead to disproportionate impacts during disasters. This also calls for a re-thinking vulnerability research to provide accurate analyses of the root causes of why people are impacted in certain disproportionate ways to policy makers, based on reliable methodologies, in a changing Nordic context.

These analyses need to offer a realistic picture of intersecting factors that shape vulnerability and to contribute to better understanding which elements of a pre-existing vulnerability are exacerbated by a trigger event, like the pandemic. At the same time, we have seen that the pandemic has revealed new vulnerabilities which often interact with the "pre-existing" ones causing decision makers to deal with unknown territories. In this case, as well, rigorous research on the intersections between several old and new factors may offer the right advice and guidance towards policies that should develop a degree of flexibility by accepting that vulnerability shifts over time, place, and situations.

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CRediT authorship contribution statement

Emmanuel Raju: Funding acquisition, Writing – original draft, Writing – review & editing. **Claudia Morsut:** Writing – original draft, Writing – review & editing. **Olivier Rubin:** Writing – original draft, Writing – review & editing. **Gyöngyi Kovács:** Writing –

original draft. **Johan von Schreeb:** Writing – original draft. **Carina King:** Writing – original draft, Writing – review & editing. **Anne Bach Nielsen:** Writing – original draft.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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