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Solidarity and collectivism in the context of COVID-19

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Abstract

The coronavirus pandemic has impacted health care, economies and societies in ways that are still being measured across the world. To control the spread of the virus, governments continue to appeal to citizens to alter their behaviours and act in the interests of the collective public good so as to protect the vulnerable. Demonstrations of collective solidarity are being consistently sought to control the spread of the virus. Catchphrases, soundbites and hashtags such as 'we're all in this together', 'stronger together' and other messages of unity are employed, invoking the sense of a collective struggle. However, this approach is fundamentally challenged as collectivist attitudes run contrary to the individualism of neoliberal ideology, to which citizens have been subjected. This paper argues that attempting to employ the concept of solidarity is inherently challenged by the deep impact of neoliberalism in health policies and draws on the work of Durkheim to examine the concept in a context in which health care has become established as an individual responsibility. The paper will argue that a dominant private-responsibility model and an underfunded public system have eroded solidarity weakening its effectiveness in generating concerns for the collective.

Keywords

Solidarity, COVID-19, Durkheim, healthcare, collectivism, individualism, Ireland, neoliberalism

Introduction

Public health guidance in response to the COVID-19 pandemic has necessitated placing significant demands on members of societies to alter their activities, change their behaviours and restrict their movements. In order to achieve adherence to these guidelines governments around the world have had to appeal to individuals to act in a solidaristic way that is considerate of their surrounding community, often specifically with reference to the most vulnerable in their society. This paper discusses the challenge inherent within such an appeal and argues that the predominance of neoliberal health policies, with an associated preference for individual responsibility over collectivism, has eroded solidarity. Using Irish healthcare as an example, this paper

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explores this impact of neoliberal health policy and uses a Durkheimian lens through which to consider solidarity and individualism, particularly in the context of COVID-19 responses.

Background

Coronavirus has had a significant and unprecedented impact across the world. At the time of writing, the total number of confirmed cases in Ireland, for example, has reached 445,594, with almost 20 thousand hospitalisations. As in most countries, hospitals and intensive care units in Ireland have been overrun in previous months and sadly 5205 deaths have resulted from the virus.[1] Worldwide, there have been over 251 million confirmed cases of COVID-19 and over 5 million deaths.[2] Transmission between individuals is now clearly understood to occur easily through close social interaction and via inhalation of the virus through aerosols.

Reducing rates of community transmission are key to reducing the spread of the virus across communities and countries. However, in order to achieve this, there is a need to appeal to each individual citizen's sense of solidarity with their surrounding society. This necessity is precisely the point of tension identified by the Sociologist Emile Durkheim when illustrating society's shift towards individuation, so much so that 'society' was becoming eclipsed by 'the cult of the individual'.[3]

As a result of individualism, this paper argues, a government's appeal to each citizens' sense of solidarity is inherently challenged. In the case of this pandemic, citizens have been asked to behave *in solidarity with* vulnerable and elderly people, with frontline workers and those who have made sacrifices. Optimum adherence to public health advice through a sense of collective responsibility is best achieved when individuals consider themselves as part of a wider societal network rather than an atomised individual.

While we may be able to detect remnants of both traditional 'mechanical solidarity' and modern society's 'organic solidarity' as referred to by Durkheim, contemporary late-capitalist societies can be seen to illustrate 'organic solidarity' more predominantly, particularly under neoliberalism. The co-existence of aspects of 'mechanical' and 'organic' solidarity, and the tensions between them can be seen in the pandemic: people's compliance with measures to protect vulnerable members of the community, for instance, indicates the continuing importance of 'mechanical' solidarity; yet also support for frontline healthcare workers, and new respect for 'essential' workers indicating how the pandemic revives the social differentiation seen in his understanding of 'organic solidarity', derived as it is from the division of labour.[4]

However, falling levels of familiarity with solidaristic tendencies constitute a challenge to the success of appeals for social solidarity, risking poorer adherence and potentially greater community transmission of the virus. By appealing to concerns for the collective, it could be argued that governments are effectively demanding a reversal of the atomised and individualised approaches to social life that have been so ingrained through modern neoliberal policy.

It is this tension between social solidarity, the social cohesion which is expected to be achieved through its adoption, and that of the prevailing possessive individualism of neoliberal ideology that will be explored in this paper. Using some illustrative case studies, this paper will argue that this prevalent ideology has emerged from a dominant neoliberal private-responsibility model, coupled with underfunded public systems. The concept of solidarity is shown to be useful in examining responses to public health directives that attempt to control the spread of COVID-19.

Ireland's health care history

Using Ireland as a case study demonstrates a genealogy of critical events and developments through which individualism has become embedded in the place where social solidarity should arguably be found.[5] In seeking to understand how this has emerged, we find evidence of a historically significant role for the church

and religious orders in health care provision, we see the charitable status of many hospitals, and a patriarchal model of medicine. In the past, while churches and charities had the responsibility of providing care for the vulnerable and the sick, members of society played their part by making voluntary donations to church and charitable funds, thus feeding their perceptions of having demonstrated solidarity with those in need. These practices, characteristic of traditional, religious, communities demonstrating 'mechanical solidarity', have historically underpinned health care in Ireland, and today remain strongly residual.

One consistently relevant example in Ireland's healthcare history was the attempted introduction of a publicly available 'Mother and Child scheme' by the then Minister for Health Dr Noël Browne in the late 1940s. Fearful that the free health care for women and children represented 'socialised medicine' (over which they would have little control), the proposal was resisted by the powerful Catholic Church's hierarchy who collaborated with the medical profession, successfully preventing the scheme's introduction. The controversy that followed resulted in a revelation of the powerful actors in Irish politics and society. In hindsight, it is possible to consider this controversy as the very beginning of the end of Catholic domination in Ireland's State affairs.

A further illustration of the clash of public and private responsibilities, and a strong discourse of individualisation, can be seen in the manner in which private health insurance is valorised in Ireland. Following a European Council directive in the 1990s, Ireland's health insurance market was opened up to other suppliers, having had up until then only one government-owned supplier (the Voluntary Health Insurance board, or VHI) since 1957. The subsequent incentivisation and subsidisation of private health care has had the effect of undermining and devaluing the public health service, leading to growing numbers purchasing private health insurance. Having peaked at 50.9% in 2008 just before the financial crisis, currently 47% of Irish population have private health insurance.[6]

The sometimes tragic consequences of incentivised private health care and underfunded public services can be seen through innumerable anecdotes of delays in consultant appointments, growing waiting lists, and delayed treatments. One such high profile illustration is seen in the story of Susie Long, a young woman, a mother of two, whose delayed colonoscopy resulted in a late diagnosis of bowel cancer. Recognising that her experience was different than an acquaintance with private health insurance, she wrote to a popular radio show and told her story. Others joined in with further stories of inequitable access to healthcare, while demands for reform were heard from pressure groups and opposition politicians. The government came under fire for overseeing a failing public health system while at the time pursuing neoliberal policies that promoted investment in the private sector of Irish health care at the expense of a neglected and crumbling public health system. The discourse surrounding Susie's case provides an interesting insight into public perceptions of the obligations of the state on the one hand, and entitlements of citizens on the other. Issues of the private and the public were brought to the surface of public discourse with the actuality of Susie's illness and death providing a stark backdrop of reality.

Neoliberalism, can be seen as a significant force in the formation of Ireland's health care system, advocating the purchase of private health insurance, it therefore 'valorises the individual' and 'idealises the rationality of the individual decision maker' (Haggerty 2003, p.194). This model of health care contrasts significantly with health systems built on mutuality as seen in public health systems grounded in modern 'organic solidarity'.[7] Ireland's health system has instead emerged from a history that has not required demonstrations of solidarity, such as collectivist payments, and it could be argued, this has encouraged the opposite to thrive.

Central to understanding societal responses, and the extent to which these are solidaristic or individualistic, is the matter of *culture*. Geert Hofstede's[8] work on the various dimensions of culture draws our attention to a number of values, including 'power distance' which, he says, focuses on how members of a society or a community accept and expect that power is distributed unequally. Many of these cultural values are reinforced by religion and Ireland's historically strong recognition of religious hierarchy may reinforce an acceptance of leadership and a greater tendency to adherence to measures for the collective good, such as covid restrictions.

The individual versus the collective

Collectivism has already been shown to have a significant role in the rates of COVID-19 and death rates in a large US study by Webster et al.[9] who found that COVID-19 rates were lower among cultures (countries) with higher collectivism scores. However, the opposite was true for their state-level study of collectivism which found a strong link between race and collectivism. Similar findings were found by Maaravi, Levy, Gur et al.[10] study showing that more individualistic countries had higher COVID-19 cases and mortality rates.

In order to better understand collectivist concepts, it is useful to draw on Durkheim's concerns regarding rampant individualism and egoism on wider society.[11] Durkheim recognises the dual perspectives of both our individual consciousness and that of the collective stating in *De la Division du Travail Social* in 1893:

> 'There are in each one of us two forms of consciousness: one which is common to our group as a whole, which, consequently, is not ourself, but society living and acting within us; the other, on the other hand, represents that in us which is personal and distinct, that which makes us an individual' (cited in Giddens[12] p.139).

Durkheim deplored 'the effects of unfettered individualism'[13] and it was from this standpoint that he developed his theory on the division of labour and social differentiation. He refers to what he calls *mechanical* solidarity and *organic* solidarity, and it is through this theory that he examines the concept of social cohesion. He regarded the social division of labour as being critical to the creation of social links and bonds, without which society would break down and suffer from anomic isolation.[14]

He describes mechanical solidarity as based merely on coincidental notions of similarity and resemblances within the horde. The more valued organic solidarity, however, engages the individuals in 'recurring co-operative relations with others who are involved in different but complementary activities'.[15] Critics of Durkheim's position on organic solidarity suggest that he fails to address adequately the issue of class relations and their dynamic relations to solidarity and the division of labour.[16] He was instead more concerned with the utilisation of legal means of overcoming what he saw as the legitimation of natural inequalities, as he saw legal rights as 'embodying beliefs and values which were in turn expressive of a certain state of social solidarity'.[16]

Social solidarity, of the organic type described by Durkheim, focuses on the notion of interdependency of individuals within a community. Each citizen, realising their inability to succeed alone seeks binding relations that will be to the benefit of all. Mishra and Rath[17] also utilise a Durkheimian lens to examine the pivotal role of social solidarity and interdependency in the context of the pandemic and the reduction of public health risk. Interdependency is heightened by the COVID-19 pandemic as each of us has become more impacted by and dependent on the behaviours of others. The paradox of the need for individuals to stay apart so as to demonstrate solidarity is described well by Bausaure, Joignant and Mascareño, who expand on Durkheim's *organic* and *mechanical* solidarities, distinguishing between what they call *fragmentary* and *ordinary* solidarity. They argue that the conflict of solidarities brought on by the pandemic in the context of contemporary neoliberal societies is not simply a passing phenomenon, but symptomatic of an absence of a Durkheimian model of common solidarity through deligitimisation of state intervention or supports.

The 'obligation of solidarity', according to Beck and Beck-Gernsheim[18] existed in an exemplified form within pre-industrial rural agricultural communities. 'It was a tightly knit community, in which little room was left for personal inclinations, feelings and motives. What counted was not the individual person but common goals and purposes' (p. 88). However, the traditionally structured family and community illustrated by Beck and Beck-Gernsheim rarely exists in this true form, but their illustration could be extended to refer to social constructs such as the welfare state. There is here a notion of interdependency, sharing equivalent features of Durkheim's organic solidarity. Instead of the direct input of members of a community, the welfare state creates an opportunity for taxpayers to support the state in providing a minimum of welfare and protection to its

citizens, constituting an instantiation of solidarity. It is a variation of this kind of interdependency which has re-emerged in the context of COVID-19.

Interesting evidence has emerged linking levels of social collectivism in a society and its response to the COVID-19 Pandemic. Lu et al.,[19] for example, have identified that collectivism positively predicts mask usage indicating that collective welfare was prioritised over personal comfort by people in these societies. A consequence of this behaviour can be seen in the findings of Rajkumar[20] which 'suggest that a statistically significant relationship exists between measures of societal individualism/collectivism and country-wise mortality and case fatality rates due to COVID-19' (p.3). These findings are consistent with those of Biddlestone, Green and Douglas[21] who found that collectivists and individualists behaved differently in activities intended to reduce the spread of COVID-19.

The history of welfare states often tells of times when extreme hardships and catastrophic economic events became the catalyst for progress. In post-war Britain, for example, the levels of social solidarity generated by the '*Blitz spirit'* created an environment rich for the establishment of societal agreements between state and citizen. As each family had paid the high price of the lives of many of their sons in battle, there was a common understanding that brought policy maker and policy recipient to an equal level with strong levels of trust. In 2013, the filmmaker Ken Loach[22] produced a documentary that sought to capture that which was particular about this period in his film *The Spirit of '45*, in which he celebrates the 'period of unprecedented community spirit' and the momentous developments that were at the centre of the creation of the Beveridgian welfare state. It could be argued that the coronavirus pandemic provides a further opportunity in which the spirit of interdependency and solidarity could be reimagined and revalued, but it remains to be seen whether the impetus to achieve this is strong enough to upturn deeply engrained neoliberalism and individualism.

Neoliberalism in place of Solidarity

Neoliberalism, with its origins in classical liberal ideology, can be simply defined as a particular political and economic philosophy that favours the dominance of market forces on the core organising principles of society. The neoliberal individual is cast as a 'rational choice actor' or the utilitarian *homo economicus*.[23] For the purpose of this paper, it is useful to consider the impact of neoliberalism on a number of levels; that of the economic and health/social policies, that of society, and consequently on the level of the individual. Coburn[24] refers to the neoliberal philosophy as having three core tenets:

> '1. that markets are the best and most efficient allocators of resources in production and distribution; 2. that societies are composed of autonomous individuals (producers and consumers) motivated chiefly or entirely by material or economic considerations and 3. that competition is the major market vehicle for innovations' (p.138).

An application of these tenets to health care can be seen to have emerged strongly in many health services with the most extreme being that of the US model. Many health systems are subject to influences of market forces with the autonomous consumer subjected to the influence of market competition. The drive of the neoliberal agenda has, since the early eighties with the ideologies of Thatcher and Reagan, been heralded as the one true economic approach. Through this school of thought, there is minimal state intervention with a central role for the market to influence local, national and international political decisions and thus, it can be argued, societal perceptions of normative values are influenced. Author of the seminal and accessible text on neoliberalism, David Harvey[25] defines neoliberalism as:

> "…a theory of political economy practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets, and free trade"(p.2).

While the origins of these ideas can be traced back to classical liberalism, a particularly strong shift in policies in the UK and the US is often described as having begun in the late 1970s and resulted in near global neoliberalism by the 1980s. The influence on Ireland can be seen to have been a later and perhaps a peculiarly idiomatic one, but it was nonetheless an influence that supported reduced state involvement in many aspects of social life. Having witnessed the wholesale adoption of neoliberal economic policy in neighbouring political economies in the 1980s and waves of privatisation of state services, successive Irish governments implemented a regional variation of neoliberalism. The peculiarities of the version of neoliberalism evident in Ireland include a demonstrable shift from an already conservative model to a wholesale market model, with a few residual features of the past. This could be described as the worst of both worlds having as it does traditional, conservative, Catholic patriarchy combined with neoliberalism. On the other hand, the persistence of a traditional, Christian, 'community of the Spirit', reflecting Durkheim's 'esprit de corps', may be the source of a common good that would overshadow neoliberalism's ideals of the 'individual' and the Market. This may be bolstered by the role of solidarity (along with human dignity and subsidiarity) as a cornerstone of Catholic social teaching,[26] remnants of which remain influential in historically Catholic countries.

Kitchin et al.[27] identify four particular historical factors that have shaped Ireland's neoliberal model. They specify Ireland's long history of conflicts over land ownership, the residual institution of clientelism in politics that favours local politics over national, the hegemony of two right-of-centre political parties that do not differ on clear ideological grounds, and the tendency towards a liberal open economy with an over-reliance on export-oriented manufacturing.

Contradicting the contention that Ireland's so-called hybrid model, placed somewhere between Berlin and Boston, was an intentional strategy, Kitchin et al. instead describe Ireland's 'peculiar brand of "emergent" neoliberalisation' (p. 1306) as '… a series of disparate policies, deals, and actions which were rationalised after the fact, rather than constituting a coherent plan per se' (p.1307). Not all would agree with this assessment of an ad-hoc process of neoliberalisation. Mercille,[28] for example, suggests that instead of an explicit neoliberal ideology, Irish governments have instead borrowed elements of US neoliberalism resulting in what he refers to as 'neoliberalism Irish-style' (p.283).

It could be argued that the very process of describing neoliberal policy implementation as ad-hoc succeeds in contributing to the ideology that suggests it is accidental or organic, reminiscent of Adam Smith's[29] concept of spontaneous order . However, whether neoliberal policy implementation has been ad-hoc, intentional or experimental, it remains, unquestioned and dominant. Critics have pointed out that the hegemony of neoliberalism in Irish economics resulted an inadequately critical examination of the neoclassical economical thinking and thus a failure to identify serious structural weaknesses that would later prove so critical at the time of the financial crisis.

Discourse

A particular strength of neoliberal ideology can be seen in the manner in which it is promulgated through discourse in mainstream media.[30] Phelan[31] provides an insightful analysis of 'the role of discursive practices in the hegemonic articulation of an Irish neoliberalism' (p.44), and in particular he identifies the key role that 'mediatized discourse' plays in the 'production and reproduction of an Irish neoliberal hegemony' (p.31). While distinguishing between what he calls 'Euphemised' and 'Transparent' discourses on neoliberalism, he demonstrates the equivalences and antitheses used to distinguish the comprising concepts of neoliberalism:

> 'The market is equivalenced as the sphere of economic freedom, while the state is signified as the embodiment of illusory, and ultimately coercive, political freedom. The notion of a self-contained individual subject is privileged, ontologically and epistemologically, while invocations of a collective subject (the 'social', the 'public good', etc.)

> are regarded with suspicion. The market is valorized as the means of individualized ends, while the misplaced […] politics of social purpose or collective ends is equivalenced with rationalistic, statist fallacies' (p.34)

It could be argued that a multidirectional process of influence might exist within which health and social policies ultimately become victim to the discourses emitted by the craftsmen of political spin. Impacted by this process are the public-impacting policies that result, as well as the citizens upon whom they impact. Their apparent acquiescence is interpreted from a silenced citizenry lacking a collective voice.

Neoliberalism and health care

Neoliberal practices, this paper argues, have resulted in a dominance of individualism within Irish society and consequently in social policies, reflecting an increasing hostility towards collective social values. A primary example of a society's regard for values such as solidarity and collectivism is illustrated in the nature and breadth of its health and welfare system. Ireland's unequal system of health, as part of a commodified welfare system, has come to be tolerated with a level of acquiescence and with little or no public dissent. Socially divisive effects of neoliberal ideologies have not gone undocumented in other contexts. Harvey[25] warns that neoliberalism and the attendant 'drive towards market freedoms and the commodification of everything can all too easily run amok and produce social incoherence' (p.80). Now, in the context of the COVID-19 pandemic, the consequences of these commodifying policy decisions that were 'based on a neoliberal paradigm (…) have repercussions for the scale of the crisis, the availability of critical care beds and ventilators and the number of people who are infected and die'.[32]

In applying this understanding of the effects of neoliberalism in health care, we can easily see the resultant impact of market forces and, in the Irish case, the re-conceptualisation of health care as a commodity. A number of forces have been at work here to create this impact. Primarily the influx of private companies to the health care market in Ireland, incentivised by tax breaks, has created further distraction from the underlying issue of an under-resourced public health system. Patients have become clients, customers and consumers. The Irish public have been sold a 'right' to 'choose' their health care, when they have been persuaded to pay privately for such a choice and to ignore the argument that their health care should be provided to them and to everyone else in the state. Meanwhile, quietly, the public system is underfunded and gradually becomes regarded, often erroneously, as of inferior quality to privately funded health care.

As a direct consequence, there is little appetite for or commitment to the role of a comprehensive publicly funded health system funded by common social contributions; that is to say, a Durkheimian reification of organic solidarity has been neglected. If one does not 'need' the publicly funded health system, then there is little interdependency between a person and other citizens. What Jensen and Svendsen[33] refer to as "the accumulated stock of social trust" (p.3) has become depleted. On the contrary, the divisive nature of prevailing self-determinacy results in what Durkheim referred to as societal rivalry. A sense of status is conferred on one who has private health insurance leading to the creation of tiers of entitlement within the provision of basic health needs. There is no longer potential for a shared collectivist health arrangement while health care is provided in the equivalent of gated properties. Without such interactive connectedness, social cohesion is at risk and solidarity cannot be realised. Significantly, a loss of social cohesion is known to directly impact on the health and wellbeing of citizens as has shown in the seminal work of Kawachi, Kennedy and Wilkinson.[34]

Flattening the curve with Solidarity

In the context of COVID-19 and the attendant appeals to collectivism, an absence of social cohesion has the potential to carry significant risks. Governments need the public to feel a sense of collective obligation to protect wider society so that they adhere to public health guidance, obey restrictions, and thus help to suppress

the reproduction of the virus, avoiding health services becoming overwhelmed. While appeals to each take *individual responsibility* to help 'flatten the curve' might feel familiar to citizens of the neoliberal era, this approach is arguably motivated more by self-preservation rather than a sense of collective responsibility to wider society.

Whether adherence to guidance is motivated by preservation of individual health or by concern for the collective can continue to be debated, however, what is certain is that the collective actions of all individuals are critical to managing the COVID-19 pandemic.

Flores and O'Brien[35] make the interesting point that the free market has so far demonstrated few solutions for the COVID-19 crisis. On the contrary, industries and entrepreneurs have in some cases been seen to have used the COVID-19 crisis as an opportunity to profit from public funds, for example pharmaceutical companies have been subsidised with billions of public funds;[36] and the previously immutable distinction between private and public health care was swept aside during covid with public health care being 'out-sourced' to private hospitals.[37]

The inequities produced by free-market economics supported by neoliberal ideology have been exacerbated by the COVID-19 crisis, laying bare deep social divides and disparities. While appeals to 'hold firm!' and to 'stand stronger together!' are equally applied to populations, the common misconception that all have been equally impacted by the pandemic has been clearly disproven.[38]

There is also a danger that, at times of crises such as this, the more extreme populist and nationalist movements become more visible and grow stronger, hampering the efforts to deal with the pandemic. Halikiopoulo warns of being left with the '…traditional nationalist and authoritarian politics of the kind that often manifests itself after a crisis'.[39] While others have warned of far-right parties being the winners in the post-crisis era, Wondreys and Mudde's[40] analysis of far-right parties and COVID-19 does not support this hypothesis and in fact suggest that far-right leaders in Europe will have been minimally impacted by the pandemic.

A final twist in the narrative of Ireland's response to the COVID crisis in 2020 was the Government's decision to take over the multiple private hospitals in the state for the purpose of providing public health care, at a cost of €115m per month. That an agreement was reached so quickly with the private hospitals to gain control of the 19 private hospitals has fuelled calls to effectively nationalise the entire private health system. While unlikely to achieve any permanence, the move has enabled Ireland to briefly glimpse the vista of a publicly funded single-tiered health system and the effectiveness of a collective solidaristic provision of health care.

Conclusion

When the concept of the collective is strong, consideration is given to the common good instead of individuals seeking to satisfy their own particular needs. The 'good life' is pursued for society as a collective whole, eclipsing the objectives of the lone individual. Collectivism, therefore, demands a level of solidarity among and between people and assumes a genuine interest in the consequences for all sections of a society. When this concern is viewed alongside the individualism championed by neoliberal politics, a stark difference can be seen.

The tendency towards individual interests in place of those of the collective is not merely seen within the decision-making of the individual actor but is also seen in a broader sense within political economy and social decision making. Much of this can be understood within the context of the neoliberal drive in capitalist countries, but also can be traced against other social, political and economic changes. In Ireland, the shifting powers of the Catholic Church, for example, is a particularly significant social, cultural and moral change that has gained much critical attention and can also be mapped closely to this shift from the collective to the individual.[41] Health care in Ireland is not one that possesses qualities of a co-operative system or one that demonstrates features of reciprocity. Instead, notions of deservedness and self-determined outcomes abound.

Health and welfare needs are seen as areas for which the private individual must demonstrate responsibility through their actions as consumers.

In order to re-establish a new social contract for a new contemporary Irish health care system, such as that which is envisaged in the long-promised single-tiered public health system known as *Sláintecare*, there is a need to invest in collective social capital, to nurture perceptions of social solidarity and avoid what Krugman[42] refers to as the 'cult of selfishness' which he warns is 'killing America'. The emergence of COVID-19 offers conditions that have potential to stimulate social solidarity and cohesion and to reignite a sense of the collective within Irish society, offering as it does a critical common purpose. Given that globally, there is currently an unprecedented appreciation of the value and criticality of the nursing profession, we therefore have a responsibility to take advantage of this awareness by engaging in lobbying and campaigning for policies that result in more equitable and just healthcare.

It was in the devastation of the post-war era that the NHS was established, harnessing as it did the 'Blitz Spirit'. The aftermath of COVID-19 may offer a similar post-crisis collective understanding, in which the health system as a collectively shared public good might be envisaged. In October 2020, the President of Ireland, Michael D. Higgins, called for an acknowledgement of the need for a new economic order. He pointed out that the State's response to COVID-19 '…proved, if proof were ever required […] that the public sector has the capacity and expertise to deliver quality universal services to its citizens and do so effectively and fairly; that government can act decisively when the will is there'.[43] The harnessing of suitable political and economic will may prove to be the more challenging component required.

It is important to acknowledge that the history of a country's health care system, and the context it provides, aids a deeper understanding of how past events can impact the efficacy of public health messaging in the present. Different countries will have varying histories and diverse cultural contexts deserving of inclusion on nursing and other health professional curricula. While the objective of a publicly funded health system is in tension with Ireland's sustained immersion in neoliberal ideology and policies, the concept of solidarity remains useful in examining and understanding responses to public health directives intended to prevent the spread of COVID-19.

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