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A PROGNOSIS ON ROMANIA'S CAPACITY TO DEAL WITH EMERGENCY SITUATIONS: OBJECTIVE AND SUBJECTIVE RESILIENCE DURING THE COVID-19 PANDEMIC

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Abstract

The paper demonstrates that resilience consists in both tangible and intangible institutions. Specifically, the paper equates objective resilience with administrative capacity, and argues that certain vulnerabilities of Romania's public health system are related to other vulnerabilities of the state, such as an underdeveloped fiscal capacity. Subjective resilience implies not only the resolve of population to lend credence to public institutions during an emergency situation, but also the vertical trust that public institutions create through specific policies. Therefore, the level of administrative and political development in normal times could be a predictor of a given state's subjective resilience in times of crises. Methodologically, the paper rests on in-depth case study.

Keywords: state capacity, objective resilience, subjective resilience, macro-sociology, political development, Covid-19, Romania

JEL Classification: F50, F51.

1. Introduction

A magnitude 8.8 earthquake hit Chile in February 2010 and made hundreds of victims. A month earlier, a magnitude 7.0 earthquake had hit Haiti and caused hundreds of thousands of victims. What accounts for the fact that the latter earthquake, albeit five hundred times less intense than the former in terms of the released energy, made so many more victims? At face value, it was Chile's superior state capacity (Kurtz, 2013). Specifically, Chile had already implemented since the 1960s a public policy that mandated the construction of buildings with earthquake-resistant construction materials. Also, faced with destructive

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earthquakes, Chile had already built a modern public infrastructure. The above-mentioned aspects account for the fact that the material damages inflicted by the Chile earthquake represents roughly 0.17 per cent of the material costs produced by the Haiti earthquake. In short, Chile's objective resilience clearly surpassed the one of Haiti. Hurricane Maria, a category four hurricane, made landfall in Puerto Rico on September 20, 2017. Ten days earlier, another category four hurricane, namely Hurricane Irma, had made landfall in the Florida Keys. Whereas almost all inhabitants of Florida had power return within one week, the Puerto Rico authorities restored only 20 percent of power one month after the landfall of Hurricane Maria (Siedschlag and Jerković, 2018, 127). In an analysis on Italy's response to Covid-19, Capano argues that "the government's governance characteristics clearly matters, as does the state's capacity to determine what responses are chosen" (Capano, 2020, 329). Due to the Italian state's weak administrative capacity, different public responses to Covid-19 have faced implementation problems (Capano, 2020, 335). In the case of Hong Kong, "community capacity" (Hartley and Jarvis, 2020) has compensated for a low-capacity state in dealing with Covid-19. In Sweden, the public strategy of dealing with the Covid-19 pandemic has rested on high levels of institutional and interpersonal trust, which made some critics characterise this strategy as "dangerously liberal" (Pierre, 2020, 2). The argument that we put forth in this article is that state capacity and trust are structural elements that have played a pivotal role in coping with the Covid-19 pandemic. As this paper seeks to demonstrate, state capacity and trust, albeit necessary, may not be sufficient for a given state to deal effectively with a crisis situation. In the absence of administrative and political development, a given state is likely to score low in terms of both objective and subjective resilience, and, as a result, may run into trouble when dealing with a crisis situation or a rapid social change event. The most well-known instantiations of rapid social change are natural disasters, economic crises and terrorist attacks (Alexander *et al.*, 2004). By rapid social change, we refer to events that occur unexpectedly, inflict large social effects and severely unsettle the daily routine of millions or billions of human beings. Under such circumstances, resilience refers chiefly to reinstating social routine as soon as possible. If social routine is not quickly restored, rapid social change events could turn themselves into traumatic events that are highly likely to provoke social traumas.

The premise this paper works from is that state capacity could be a necessary, albeit insufficient, condition of general resilience. Usually, state capacity refers to the ability of a given state to "get things done" (Holt and Manning, 2014, 719) when it comes to devising and implementing public policies. However, the ability to get things done, especially in times of crises, implies a certain level of administrative and political development that is in place before a crisis emerges. Absent this level of development, the general resilience of a given state to deal effectively with rapid social change events may be low. It is impossible to establish a clear-cut institutional benchmark, based on which any given state will cope effectively with any type of crisis. The reason for the above is that public trust could be a fundamental constituent of such level of development, and public trust is a process that has traditionally had ups and downs. The trouble of state capacity studies is that they tend to place too much emphasis on administrative institutions without paying sufficient heed to political or non-administrative institutions, such as public trust. It is likely that states which score badly on public trust may have a hard time convincing their citizens – or at least a significant part of them – to comply with public policies that are meant to solve a particular crisis situation. Conceptually, state capacity tends to project a homogenous perspective on the state. Not only that the state is made up of different public sectors, but researchers have noticed important variations in bureaucratic practices within a certain public sector.

Specifically, certain public hospitals have exhibited sound management, whereas others have been characterized by poor management in Romania during the Covid-19 pandemic (Dumitrescu, 2021). Also, exactly as in the case of security, one cannot talk about absolute resilience but of different degrees of resilience. Thus, in order to capture Romania's degree of resilience during the Covid-19 pandemic, we have combined objective and subjective resilience, and this is the most important novelty of the paper. In our account, objective resilience deals with "tangible" (Fukuyama, 2014) aspects of the public health system, whereas subjective resilience pays heed to "intangible" aspects, such as popular public trust. Also, the paper has two important limitations. The first one is conceptual. In essence, the paper seeks to come up with an "integrative perspective" (Mahoney and Snyder, 1999) on resilience, one that combines tangible and intangible factors. The trouble with an integrative perspective on resilience is that it could be too sophisticated, conceptually speaking. More exactly, an integrative perspective needs to disaggregate resilience into too many tangible and intangible variables. Because of that, it could be difficult to streamline the argument but also to substantiate such an argument, and this leads to the second limitation of the paper. There is still a significant dearth of reliable data, and therefore it is difficult to support empirically a multi-dimensional, integrated perspective on resilience. Therefore, we have focused on the public health system, which mirrors Romania's general level of institutional development, and on public trust, which has never been a significant institutional asset in Romania.

The paper is organized as follows: the first section seeks to unravel the main concepts, namely resilience and state capacity; then, the paper addresses the issue of objective resilience in Romania during the Covid-19 pandemic while the next section delves into the tricky issue of subjective resilience putting forward a model for measuring this type of resilience and discussing it based on different surveys that were carried out in Romania in 2020 and 2021.

2. Macrosociology and the Issue of Prognosis. Conceptual and Methodological Aspects of the Study

Broadly speaking, the paper is anchored in a macrosociological perspective that deals with state-society relations (Weiss, 2002). Macrosociology has brought "the state back in" in the early 1980s and argued that high-capacity states are directly related to economic growth, good governance, the production of trust and even to the development of a "civil" civil society (Fukuyama, 2014; Lorch, 2017). In essence, the reason for the above is that high-capacity states have proved themselves effective at reducing transaction costs. More exactly, in comparison to their low and medium capacity counterparts, high-capacity states have created an institutional environment that is conducive for the emergence of different types of public trust (vertical and horizontal) and predictability. Moreover, due to a higher degree of consensus among the elites, high-capacity states have been able to display institutional coherence and a significant bargaining power in their interaction with powerful international actors. This has led to the occurrence of a rather "inclusive economic growth" (Teichman, 2016), that produces social benefits to different social groups. It is worth stressing that this macrosociological perspective is anchored in a neo-institutionalist perspective, which argues for a collaboration between the state and the market. Within this optic, either the state or the market could lead the way towards more "embedded autonomy" (Evans, 1995) or

“transformative power” (Weiss, 2002) for the state. Thus, the interplay between public and private institutions could engender positive effects for both capital and labour.

A tricky question that this paper needs to sort out from the very beginning is the predictive power of macrosociology. The concepts that we put forth in this paper, that is, state capacity and public trust as components of objective and subjective resilience, respectively, are structural constituents of a “meta-theory” (Mahoney and Rueschemeyer, 2003) on resilience. Specifically, such a meta-theory is able to generate testable hypotheses and this could be a direct contribution of macrosociology to the production of knowledge. It is already common sense that institutions, practices and routines create regularity or structure over time (Hay, 2002). Therefore, structural conditions are endowed with a certain predictive ability. And yet, because of agency, structuration is continuously subjected to change. This is an aspect that dwindles its predictive capacity. However, we contend that if certain indicators of either state capacity or trust tend to remain unchanged over a longer period of time, one could draw the conclusion that neither objective, nor subjective resilience have made significant steps forward, and, thus, the ability of a given state to deal effectively with rapid social change could have remained unchanged, generally speaking. Naturally, other constituents of resilience, such as political leadership, strategic communication, remunerative legitimacy, a specific learning process may go either up or down, and, as a consequence, an “integrative perspective” (Mahoney and Snyder, 1999) on resilience may register significant variations over time. Nevertheless, as already stated, it is beyond the scope of this paper to come up with such an integrative perspective.

The paper rests on two contentious concepts, namely state capacity and resilience. First, there is no agreed-upon definition of both state capacity and resilience. Second, as we discuss below, there has been an ongoing debate on how many dimensions should be used in order to measure both state capacity and resilience. Third, there is a good chance to fall into the trap of essentialization when scrutinizing these concepts. In our view, both state capacity and resilience should be analysed as institutional processes that are marked by variation over specific periods of time. Initial studies on state capacity emerged in the 1980s. These studies proved that developed infrastructural capacity (Evans, 1995) positively correlated with economic growth (Geddes, 1994). Later on, state capacity was explicitly linked with good governance (Fukuyama, 2014). State capacity continues to be a contentious concept, especially for comparative studies. From this perspective, exactly as in the case of resilience, there is no clear guide on how many variables of state capacity the researcher should employ. Certain authors, who argue that state capacity should be defined as precisely as possible, have analysed only a certain dimension of a given state: extractive capacity (Thies, 2004), income tax capacity (Rogers and Weller, 2014), or bureaucratic autonomy (Geddes, 1990). Other authors have opted for three variables of state capacity. Hendrix placed emphasis on the development of bureaucratic, institutional and military institutions (2010). White and Herzog brought under scrutiny “state’s extractive, administrative and coercive capacities” (2016, 3). By bringing the analysis to a completely new level, Fortin (2010) came up with an index of state capacity that comprises five indicators: taxing capacity, progress in infrastructure reform, levels of corruption, the quality of property rights, and contract intensive money. At the same time, certain authors chose to investigate the administrative dimension of state capacity, while others brought under scrutiny its political component (Cummings and Nørgaard, 2004, 687). Authors interested in the institutional details that are conducive for the emergence of social revolutions looked at structural aspects of state capacity. Whereas authors who paid heed to political transition

have usually analysed agency aspects such as particular policies employed by political incumbents (Chehabi and Linz, 1998).

With respect to resilience, the most contentious aspect is to sort out from the very beginning if the state could be the object of resilience studies. The reason why we need to clarify this aspect is that most resilience studies drew massively on neo-liberal approaches, which have placed emphasis especially on the market, the community or the society at the expense of the state (Hall and Lamont, 2013). This notwithstanding, it is already commonsensical, especially for neo-institutional approaches, that market-building processes correlate with state-building processes (Frye, 2010). In the absence of such a correlation, either significant transaction costs or exclusive development may occur. Pospisil and Kühn (2016) argue that especially the state is the object of resilience studies. In this optic, the resilience debate marks the fourth generation of state building studies in an academic field that started with conflict resolution studies and continued with investigations on failed states and fragile states. “Beyond such approaches resilience can be analysed as the opposite vision to fragility” (Pospisil and Kühn, 2016, p. 4). However, Pospisil and Kühn contend that resilience is a rather empty signifier which creates even more confusion, as long as it is linked to either state legitimacy or state effectiveness without clarifying which is which. Therefore, resilience has low heuristic value. Albeit indirectly, our article is also linked to security studies, considering that a resilient state should be able to balance between preventive, that is, security policies and reactive, that is, resilient, policies (Fjäder, 2014). In short, a resilient state should be both a security provider, namely to stop threats before they happen, but also a resilience provider, namely to adapt to shocks by keeping “essential services running at least at a minimum level” (Fjäder, 2014, 128). From this perspective, the 2016 European Union Global Strategy hinges on the concept of the resilient state. “A resilient state and society therefore needs to be secure, but it also needs to be inclusive, well governed, developed, cohesive and sustainable” (Tocci 2017, 71). Consequently, the state could be the subject of resilience studies.

We define resilience as *resourcefulness* (Mileti, 1999), which emerges at the intersection of the administrative and political capacities of a given state. Thus, resourcefulness stands for the ability of a given state to mobilize and deploy resources in times of crisis. This implies not only tangible resources but also “intangible” (Fukuyama, 2014) ones, such as the “behavioural capacity” (Jagers, 1992) of public institutions to make population, or at least a significant part of it, act in a certain manner. We have resorted to this definition of resilience for three reasons. First, it is related to state capacity. Second, we want to make sure that, conceptually speaking, our research has internal validity. State capacity also consists in “sophisticated administrative and political skills” (Bohle and Greskovits, 2012, 253), “manpower, technology or expertise” (Golterman, 2012, 164), “technical knowledge, bureaucratic capability, and financial resources” (Tallberg, 2002, 614) or “political leadership” (Jagers, 1992). In other words, resourcefulness implies not only quantitative aspects but also qualitative aspects of a given state. Third, we have sought to avoid the trap of essentialization. To this end, we have followed the suggestion to bring under scrutiny only a particular public sector (Evans, 1995). Consequently, we chose not to look at the whole state in Romania. Such a perspective would be clearly misleading for it would easily lead to significant essentialization. Therefore, we have sought to disaggregate the state mainly into the different facets of the public health system. Nevertheless, one may fall into the trap of essentialization even when delving into the institutional traits of the public health system in Romania. Therefore, following the classification put forward by Health Minister Tătaru, we analyse certain components of the public health system in Romania, that is,

public hospitals and public health directorates. We could also have scrutinized the medical bureaucracy in Romania, instantiated by the Ministry of Public Health, and the public ambulance (Pîrv, 2020). Besides the state of the medical system, another dimension of resourcefulness that we bring to the fore is public trust. Resilience also has a subjective dimension, which consists of different intangible elements, among which public trust is one of the most important (Radu, 2018). When public trust is low there is likely that different aspects of a given state's critical infrastructure get either slowly or not fully mobilized. Also, when public trust is low, there is likely that most citizens of a given state will comply either slowly or partially with the public policies required by an emergency situation. As a consequence, due to low levels of public trust, a given state may run into trouble in the process of turning "potential resilience" into "end-state resilience" (Yamamoto, 2011, 725). We disaggregated subjective resilience into a popular dimension and an institutional dimension. Specifically, the popular dimension stands for the resolve of the general public to trust and allow public institutions to deal with the crisis situation. The institutional dimension refers to the capacity of certain public institutions to produce steady levels of public trust.

From a methodological perspective, the paper rests on case study research (Gerring, 2007). There are three reasons for which we chose this research method. First, case study research is already an established method for examining the question of state capacity. Second, case study research can be used to grasp state capacity as a "causal mechanism" (Beach and Pedersen, 2013) of resilience. As this paper seeks to demonstrate, in the absence of a developed fiscal capacity, other capacities of the state may also be underdeveloped, such as the public health system. Considering that the underdevelopment of fiscal capacity in Romania has been a path-dependent phenomenon, this may have a significant bearing on both objective or tangible resilience, irrespective of their operationalization. Also, in the absence of public trust, it is likely that the public authorities' "behavioural power" (Jagers, 1992) relative to population, or at least a significant part of population, is limited. This may turn subjective resilience into a scarce resource. Third, by combining case study research with secondary data analysis we intend to shed light on how objective resilience has correlated with subjective resilience during the Covid-19 pandemic in Romania.

3. The Objective Resilience of Romania's Public Health System during the COVID-19 Pandemic

Measuring state capacity continues to be a contentious effort especially because researchers do not mention from the very beginning of the investigation what public capacities they bring under scrutiny. This section concerns itself with the public health system in Romania and some of its vulnerabilities. These vulnerabilities had been clear long before the start of the Covid-19 pandemic and reflected liabilities of other public capacities, such as fiscal capacity, policy capacity, and analytical capacity. As a consequence, the fact that the public health system in Romania was rife with vulnerabilities at the beginning of the outbreak, in March 2020, came as no surprise. What came as a surprise though, was the fact that public commentators failed to connect different vulnerabilities of the public health system with other vulnerabilities of the state in Romania. In sum, the assumption that this section starts from is that the weak points of the public health system in Romania reflect general vulnerabilities of the state in Romania. In addition, state capacity stands for a "causal mechanism" of resilience. This means, first, that state capacity and public trust are cogs

that work interdependently in a mechanism of a general resilience. And, second, that these cogs can be separated only for analytical reasons. The same holds true for objective resilience, which can be separated from subjective resilience only at an ideal-typical level.

In the early stages of the Covid-19 pandemic, resilient states were the ones that have successfully implemented the “test, trace, isolate” strategy. To complement this, in 2021 another mark of resilience emerged, that is, successful vaccination campaigns. Whereas the “test, trace, isolate” strategy was influenced especially by the state of administrative capacities, we argue that the vaccination campaign was influenced mostly by the state of political capacities, with an emphasis on public trust. In mid December 2021, 39 per cent of the Romanian citizens were fully vaccinated (ec.europa.eu, 2021).

In our view, especially the testing strategy shed light on different vulnerabilities of the public system in Romania and demonstrated lack of resourcefulness. In 2020, a public narrative emerged according to which Romanian authorities carried out too few Covid-19 tests. A quick glance at the data shows that, in terms of testing, Romania was behind many other Eastern and Central European Countries as of July 2021 (Statista, 2021). A more solid benchmark to evaluate Romania’s testing capacity was offered in November 2020 by Mr. Ludovic Orban, the-then Prime Minister, according to whom Romania had just reached a testing capacity of 55,000 tests per day. That is, RT-PCR tests per day (Nistoroiu, 2021). It is worth noticing that in mid-October 2021, when the fourth wave of the Covid-19 pandemic reached one of its highest points in Romania, public authorities carried out less than 14,000 PCR tests on daily basis (Nistoroiu, 2021). In short, roughly one fourth of Romania’s testing capacity was used at the time. Public health experts, who have acquired public notoriety during the Covid-19 pandemic, stressed that Romanian authorities carried out fewer tests during the fourth wave in comparison to the third one mainly for political reasons (cotidianul.ro, 2021). It is beyond the scope of this paper to establish if the testing strategy in Romania has been influenced by political reasons. The authors have neither the methods nor the data to delve into the alleged political reasons that may have left their mark on the public testing campaign in Romania. Instead, we seek to bring to the fore two tangible aspects that may have influenced the testing campaign in Romania. During the state of emergency, that spanned March 15 to May 14 2020, public health directions carried out between 2,000 and 2,500 Covid-19 tests per day due to two main reasons. First, lack of money (Lică, 2020) and, second, lack of personnel (Răvdan, 2020). According to the Romanian legislation, public health directorates are in charge for both testing and tracing activities related to Covid-19 infections. Public data that was available at the end of 2019 revealed that many Romanian counties had either none or only one epidemiologist: Brăila (0), Giurgiu (0), Ialomița (0), Buzău (1), Caraș-Severin (1), Călărași (1) (Răvdan, 2020). Due to a severe shortage of qualified personnel, hundreds of epidemiological investigations were put on hold. Also, many counties in Romania carried out no specific Covid-19 tests during the state of emergency. The public healths directorates that had to deal with a significant shortage of personnel either carried out Covid-19 tests in other counties or only a limited number of tests, that is, around 200 tests per month during the entire state of emergency. Lack of personnel has also impacted the epidemiological investigations, which have been always late since the beginning of the outbreak. Almost two years into the Covid-19 pandemic, the lack of sufficient doctors and nurses has continued to be invoked by different Romanian experts (Ganea, 2021). Only by looking at the above-mentioned data, one could understand the dearth of resources that different sectors of the public health system in Romania have been forced to cope with during the pandemic. Undoubtedly, this left its mark on the objective resilience of the public health system. What accounts for the lack of money

and personnel specific to the public health system in Romania? In our view, one could find different explanations for the above, that range from the general strategy of state-building to vulnerabilities related to analytical capacity, unsound management of public hospitals and political leadership. In our view, Romania's underdeveloped fiscal capacity correlates especially with the insufficient resources, both material and human, of the public health system.

It is already common sense that an important institutional trait of a high-capacity state is its extractive capacity. From this perspective, Romania's extractive capacity is the most underdeveloped in the entire European Union. In 1995, for instance, when the post-Communist elites veered towards Europe, Romania's public revenue from taxes and fees accounted for 27.6 per cent of the GDP. In 2021, almost 15 years into its integration into the European Union, Romania's fiscal capacity had made no significant steps forward (Ban, 2021). It remained at roughly 27 percent of the GDP, whereas the EU average was at 40 per cent (Pană, 2016). Romania has also not fared well regarding the collection of VAT. Hungary and the Czech Republic amass around 86 percent of the VAT, whereas Romania collects only 72 percent (Georgescu, 2018, p. 838). With respect to the income tax collection, Romania collects around 23 percent yearly, whilst the Czech Republic and Hungary are at 36 percent and 30 percent, respectively (ibidem). Arguably, the political factor plays an important part when it comes to the distribution of public money. But the same political factor played a decisive role in the state-building process in Romania (Ganev, 2005). Not surprisingly, political incumbents were not keen on building a strong state (Acemoglu and Robinson, 2019). On the contrary, de-bureaucratization was the name of the game in terms of the state-building strategy for the last three decades in Romania. As a result, the fact that the state in Romania, due to an underdeveloped fiscal capacity, has systematically made little money comes as no surprise. In our view, this aspect had a direct impact on the tangible resources, both material and human, of the public health system. At the same time, Romania's underdeveloped fiscal capacity has had a significant bearing not only on the public health system but also on the local transportation infrastructure (Dăianu, 2020), which is the most backward in the European Union (Stolojan, 2020). Unsurprisingly, a state which makes little money will have difficulties in building a developed critical infrastructure, which is a significant factor of objective resilience. It would be a mistake, though, to argue that Romania's actual level of economic and institutional development relies only on fiscal capacity. Development has been a long-term process involving simultaneously structure and agency.

4. Subjective Resilience during the Covid-19 Pandemic. The Question of Public Trust in Romania

In contrast to objective resilience, which can be measured directly in most cases, subjective resilience consists of intangible elements, such as the quality of institutions, trust in elected officials and public institutions, social cohesion, perceptions regarding the availability and readiness of different public capacities to deal with crisis situations (Radu, 2018). Fifteen years into its EU integration, Romania continues to score low in terms of the quality of its institutions (Dăianu, 2018), especially when it comes to "software capabilities", such as "legitimacy, integration, and policy capacity" (Azar and Moon, 1988). Not surprisingly, the above-mentioned political capacities correlate with good governance, which is a catalyst of public trust (Ayoob, 1995). Of these elements of subjective resilience, this section focuses

mainly upon public trust or trust in public institutions. In our account, public trust is tantamount to vertical trust and it stands for a form of trust that is usually created through the actions and policies of public institutions. At the same time, public trust is not only a constituent of subjective resilience. Public trust is a fundamental ingredient of the most subtle form of power that a given state displays, namely legitimacy. To some authors, legitimacy, resource extraction and monopoly on violence are the most important indicators of state capacity (Ganguly and Thompson, 2017). It is not our intent to delve into a sophisticated discussion on legitimacy. However, it is worth stressing that low-legitimacy states are highly likely to fail to mobilize in due time either public resources or a significant part of population to deal effectively with a crisis situation. The reason for the above is that low levels of state legitimacy usually turn into low levels of esteem for both public rules and public officials who require compliance with specific public policies (Gilley, 2009). Under such circumstances, irrespective of the quality and availability of the critical infrastructure, low esteem for public officials and public institutions is likely to fuel negative collective emotions towards the obligation to comply with certain public policies. In other words, when public trust is low it is likely that public authorities will have a hard time turning “potential resilience” into “end-state resilience” (Yamamoto, 2011, 725).

Some conceptual nuances are worth stressing from the very beginning of this analysis. First of all, we have chosen to look at trust in public institutions that, at least in theory, are less politicized. The general public expects of these institutions to behave in a neutral fashion when it comes to applying the law (Rothstein and Stolle, 2008). Moreover, the institutions that we chose, namely the Army, the Police and the Public Hospitals, have been actively involved in dealing with the Covid-19 pandemic. We have not placed too much emphasis on “political institutions” such as the Government, the Parliament or different Ministries that have been directly involved in the management of the Covid-19 crisis, because we expected them to produce low levels of public trust. The reason for the above is that Romanian citizens do not trust the local politicians and, as a result, every institution that is perceived to be politicized tends to score low in terms of public trust. In October 2021, when Romania found itself in the middle of the deadliest wave of the Covid-19 pandemic, the public trust in the then Prime Minister was at 7 percent (Mihăescu, 2021). To our surprise, however, most Romanian citizens were willing to lend credence even to some of these political institutions, at least in the early phases of the pandemic. Second of all, subjective resilience is a process which needs to be measured over a longer period of time. In short, a diachronic perspective needs to be employed to trace variations in subjective resilience since the beginning of the outbreak in March 2020. The public opinion surveys that have been employed in our analysis resort to a synchronic view. In other words, these surveys have paid no heed to the question of public trust as a process, but rather as a singular moment in time. In our view, this methodological problem could be partially rectified with a robust conceptualization of subjective resilience. Therefore, we need to make clear how we conceptualise subjective resilience. We define subjective resilience as a process that occurs at the intersection of the will of a given state’s citizens to lend credence to public institutions and what these public institutions deliver over a specific period of time, that is, the Covid-19 pandemic in our case. This is how public trust occurs. It implies a popular dimension and an institutional dimension. Therefore, public trust is not only related to the performance of public institutions. It also depends on the readiness of most citizens to lend credence to the efforts made by specific public institutions. And based on the data that we collected, most Romanian citizens were willing to trust public institutions to deal with the crisis, at least in the early phases of the pandemic. Third of all, from a methodological perspective, we resorted to secondary data

analysis in this section. Needless to say, public trust could also be influenced by a given state's specific past, especially if the past is related to a totalitarian regime, as in the case of Romania (Pop-Eleches and Tucker, 2017).

Looking at the popular dimension of subjective resilience, namely the willing of Romanian citizens to lend credence to public institutions to deal with the pandemic, we have come across data that shows a large support in this regard. According to an IRES survey that was carried out during the state of emergency in April 2020, 50 percent of the participants considered that the government "reacted rapidly" (IRES, 2020), whereas 48 percent of the participants held that the government "communicated clearly" (IRES, 2020). According to the same survey, 57 percent of the participants trusted the Ministry of Health, and 68 percent maintained that the Orban Government did a good job during the emergency crisis (IRES, 2020). Also, 95 percent of the respondents answered that they were willing to wear face masks in certain public places, and 83 percent stated that the extension of the emergency situation was a good measure³ (IRES, 2020). Based on the above, especially when it comes to trust in the Ministry of Health and the Orban Government, we argue that most Romanian citizens were willing to trust both of them and let the public institutions do their job in coping with the Covid-19 pandemic. Looking at the data regarding the willing to wear face masks in public places and also the extension of the emergency situation, we also argue that most Romanian citizens were willing to bear the brunt of the emergency situation. Therefore, based on our conceptualization, the popular component of subjective resilience was in place in the early phases of the pandemic and public institutions could tap into the resolve of most Romanian citizens to deal with a crisis situation. However, based on data collected in May 2021, that is, one year and a couple of months into the Covid-19 pandemic, the patience of most Romanian citizens started to wear thin. Not surprisingly, 77 per cent of the respondents held that lifting the restrictions was the right thing to do by the Romanian authorities (IRES, 2021). What came as a surprise, however, was that 80 per cent of the participants argued that the reason behind lifting the restrictions against the pandemic was the merit of the Romanian citizens, who had been complying with the protection measures imposed by the authorities (IRES, 2021). In other words, according to the public perception captured by the cited survey, neither the public authorities nor the politicians had almost anything to do with the slowing down of the pandemic, but mainly the citizens. In our view, this shows, albeit indirectly, that the resolve of the general population to lend credence to public institutions to deal with the pandemic had already started to shrink. Whereas in April 2020 68 percent of the respondents maintained that the Orban Government did a good job in dealing with the Covid-19 pandemic (IRES, 2020), in May 2021 only 4 percent of the survey participants could identify a connection between the policies of the-then Prime Minister and the end of restrictions.

The question is what has changed in the meantime, considering that trust in public institutions remained steady one year and two months into the Covid-19 pandemic. As already stated, we paid attention especially to trust in public institutions that the general public expect to be less politicized, such as the Army, the Police or the Public Hospitals, in contrast to institutions such as the Government and the Parliament. Moreover, these less

³ *The state of emergency was declared on March 15, 2020, it was protracted for another month on April 15, and it ended on May 15, 2020 in Romania. State of emergency was tantamount to the only lockdown that Romanian citizens experienced. By comparison with the lockdowns imposed by other European states, the one in Romania could be considered rather mild. Arguably, this could be the topic of a specific academic investigation.*

politicized public institutions have played an active role in dealing with the Covid-19 pandemic. According to an IRES survey that was carried out in April 2020, trust in the Army was at 84 per cent, 61 per cent in the Police, and 57 per cent in the Ministry of Health (IRES, 2020). Based on a LARICS survey that was carried out one year later, in April 2021, trust in the Army was at 70.6 per cent, 45.6 per cent in the Police and 48.2 per cent in the Hospitals (LARICS, 2021a). Another LARICS survey that was conducted in October 2021 revealed that trust in the public institutions that we have taken into account continued to be steady. Thus, trust in the Army was at 86 percent, 50 percent in the Police, 31 percent in the Hospitals (LARICS, 2021b). Trust in the Hospitals may have dwindled due to the fact that, between November 2020 and October 2021, twelve fires had broken out in public hospitals killing 31 patients (Luțac, 2021). At the same time, different public acquisitions of materials that were needed to deal with the pandemic seemed to be fraudulent. What was the game changer that affected the popular dimension of subjective resilience? It is difficult to come up with a straight answer in this regard. The pandemic itself may have played a significant role. The fact that public authorities have displayed inconsistency both in terms of public policies and public communication could be another factor. Also, the population might have expected more from the new government that emerged after the 2020 legislative elections. Last but not least, the constant fighting among politicians and conspiracy theories may also have diminished the popular component of subjective resilience. Fact is that agency variables, such as trust in elected officials and the actions of political leadership, should be factored in the conceptual construction of subjective resilience. To sum it up, we argue that it is not only one variable, but rather more variables that have intervened and affected the popular component of subjective resilience. In terms of social prognosis, we argue that when the popular component of the subjective resilience follows a downward trend it is likely that a growing number of citizens will comply less and less with different public measures.

5. Conclusions

The paper tried to come up with a structural perspective on general resilience, and, to this end, it factored in aspects of administrative capacity, such as the state of the public health system. The paper also paid heed to aspects of political capacity, such as the resolve of the population to lend credence to public institutions during an emergency situation, and the trust that public institutions create through specific policies. We showed that certain vulnerabilities of Romania's public health system are related to other liabilities of the state, such as an underdeveloped fiscal capacity. Insufficient public funds led to lack of personnel in the public health system and it also impacted on the development of Romania's general testing capacity against Covid-19 pandemic. Arguably, the public health system in Romania also has qualitative vulnerabilities, such as institutional coherence, the general quality of bureaucracy and pockets of informality. However, it was beyond the scope of this paper to tackle the quality of the public health system in Romania. We just looked at tangible elements that turned into clear vulnerabilities of what we called objective resilience during the Covid-19 crisis. In terms of subjective resilience, the paper revealed a rather surprising aspect, namely that, to a large extent, the general public was willing to credit public institutions to deal with the pandemic. Moreover, based on the data that we analysed, the general public was willing to take the brunt of the pandemic, when it came to wearing face masks, complying with social distancing rules and different restrictions imposed by public authorities. In short, the popular dimension of subjective resilience was rather developed. However, this was manifest in the early phases of the pandemic and, unsurprisingly, constantly diminished afterwards. Regarding what we called the institutional component of

subjective resilience, trust in less politicized public institutions, such as the Army, the Police and the Hospitals, remained fairly steady throughout the Covid-19 pandemic.

The first important conclusion of this paper is that structural elements of general resilience, such as state capacity and public trust, are important for investigating the capacity of a given state to deal with crises situations. At the same time, agency needs to be taken into account for a more sophisticated conceptualization of general resilience. The second conclusion is that investigations of general resilience need to factor in both administrative and political capacities of a given state. In other words, one needs to explore not only the state of critical infrastructure before the occurrence of a crisis, but also certain intangible elements, such as public trust, in the absence of which critical infrastructure will not work rapidly and effectively. Given that general resilience is a process, a diachronic perspective is required to have a better grasp on such a phenomenon. The last conclusion of the paper is that structural vulnerabilities of a given state are not only revealed by a crisis situation but they are made even worse by a rapid social change event. A given society that scores poorly at state capacity and public trust in normal times is likely to run into trouble when hit by a crisis situation. Therefore, structural aspects could be factored in by any prognosis on the emergence and evolution of general resilience of a given state that deals with a rapid social change event.

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