

COVID-19 and Inequality – Arguments and Findings

Authors

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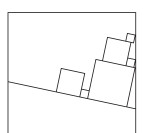
Beds or bonds? Conditional solidarity in the coronavirus crisis

Abstract

The coronavirus crisis exacerbates inequality in the European Union. It gives rise to a critical debate about the future of Europe concerning a key question: In what way does the project of integration require a higher degree of European solidarity? To what extent are Europeans willing to help each other, and what kind of help are they willing to provide? The results from a recent survey of the German residential population, presented in this paper, offer a mixed picture: Whereas people strongly support medical solidarity, their willingness to support financial redistribution is limited. As a consequence, it will be crucial to use ideational leadership to activate the potential for solidarity towards a united, viable Europe marked by limited inequality—especially with the German Council Presidency commencing on July 1st, 2020.



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Europe at the crossroads?

The COVID-19 pandemic presents enormous challenges to the European Union (EU). The combination of a health crisis and a dramatic economic crisis exacerbates existing inequalities within the EU. The centrifugal forces released by this trend jeopardize the future of the European community. Contrary to initial expectations that this would be a symmetrical crisis subjecting all countries and citizens to the same risk, the asymmetrical effects of the crisis become increasingly evident—both in the medical and in the economic domain. In some countries, hit by high numbers of infections and hospitalizations, the virus brought national health systems to the brink of collapse, with extraordinarily high death tolls. The southern member states, which were particularly affected by the medical crisis, continue to feel the effects of austerity measures implemented in the sovereign debt crisis, which, according to some experts, also placed a long-term burden on their healthcare systems.¹

The lockdown measures quickly imposed in nearly all member states, while largely successful in containing the spread of the virus, led to a universal economic fallout. As with the medical crisis, member states are in very different positions when it comes to meeting the economic crisis. Germany, for example, according to recent estimates by Bruegel, a Brussels-based think tank, plans to spend more than 1,600 billion euros to boost national economic recovery.² In comparison, other countries such as Greece, Portugal, or Spain, with stimulus and relief measures worth 6.8 billion, 40.2 billion, and 153.7 billion, respectively, fall sharply behind. One exception in the south is Italy, a country especially hard-hit by the crisis, which plans to put forward no less than 781.3 billion euros—at the expense of a further increase in public debt, of course, which already stood at record levels before the crisis. It is easy to see that this will cause the gap between Europe's national economies to widen even more. As a consequence, the EU's southern members, already battered as a result of the sovereign debt crisis, increasingly turn away from the project of integration, which they perceive as harmful to their own development.³ This is likely to incur substantial economic and political costs for the other EU members—including Germany.

¹ See Karanikolos, M., Mladovsky, P., Cylus, J., Thomson, S., Basu, S., Stuckler, D., Mackenbach, J. P., & McKee, M. (2013). Financial crisis, austerity, and health in Europe. *The Lancet*, 381(9874), 1323–1331.

² See Anderson, J., Bergamini, E., Brekelmans, S., Cameron, Aliénor, Darvas, Z., Domínguez J., & Midões, C. (2020). The fiscal response to the economic fallout from the coronavirus. Bruegel Data Sets. <https://www.bruegel.org/publications/datasets/COVID-national-dataset/#table>.

³ Italy's population, for example, is almost equally divided into supporters and opponents of leaving the Eurozone. Likewise, support for and opposition to Italy's general EU membership was almost equally strong in April 2020. Even though support for remaining in the EU has rebounded, supporters and opponents of an "Italexit" are only about 10 percentage points apart in this fundamental question.

⁴ Hooghe, L., & Marks, G. (2009). A postfunctionalist theory of European integration: From permissive consensus to constraining dissensus. *British Journal of Political Science*, 39(1), 1–23.

Solidarity during the EU Council Presidency

The German government, which will take over the EU Council Presidency in the second half of 2020, will have to adopt a clear position in this situation: Where does it stand in this conflict over the future of Europe, which has been simmering for quite some time? Will it actively support deeper integration involving more redistribution, or will it allow creeping renationalization to continue? The coronavirus crisis is a critical juncture at which "muddling through" is hardly an option. But what are the possibilities that exist for decision-makers? Since the 1990s—the Maastricht Treaty is identified as the critical juncture in most scientific studies—public opinion has become much more important when it comes to EU-related political decision-making. The "permissive consensus" accompanying the early years of integration has since transformed into a "constraining dissensus."⁴ This is evident not only in the various negative referendums conducted abroad but also in the changes in Germany's party system resulting from the rise of the right-wing populist AfD party. Today, it is hardly possible anymore for lawmakers to engage in European policy outside the public view—especially when it comes to redistribution.

This means that the German government depends on the support of citizens as a basis for adopting a strong position at home (but also in negotiations with its European partners). During the sovereign debt crisis, the German population was very reluctant to support European redistribution measures.⁵ The question now is whether the COVID-19 pandemic has brought any change in this regard. To what extent is the German population prepared to show European solidarity with regard to medical and economic aid programs in response to the coronavirus crisis?

Medical and fiscal solidarity with other EU countries

In the context of the sovereign debt crisis, numerous studies investigated the issue of European solidarity in times of crisis.⁶ In the majority of these studies, the focus is on economic solidarity. Some studies find a high level of general willingness to show fiscal solidarity, whereas others report a majority (and sometimes clear majority) of respondents opposing this kind of aid.⁷ It seems that public support crucially depends on the costs arising from such aid and on the type of program to be implemented. In addition, a range of attitudes and socio-demographic characteristics play a role. For example, men and persons with higher educational attainment and higher income, as well as supporters of left-wing parties, are more likely to support fiscal solidarity with other EU countries.⁸ Comparable studies on transnational medical solidarity are not available at this point. However, Genschel & Hemerijk (2018), based on a survey in 13 European countries, show that the nature of a crisis or its cause (natural disaster or human fault) have a strong impact on people's willingness to show European solidarity.⁹ Their willingness to help doubles from below 40 percent at the outbreak of a debt crisis to a most 80 percent in cases of a natural disaster.

Different kinds of crises thus seem to evoke different kinds of need and hence different kinds of solidarity.¹⁰ As mentioned earlier, the pandemic represents a combined medical and economic emergency. This combination, the impact of the COVID-19 crisis on all areas of life, and its global reach make the pandemic a historically unprecedented challenge for Europe. Accordingly, the coronavirus crisis also requires different kinds of aid and redistribution measures that are appropriate for the healthcare, economic, and social problems. As explained above, public opinion is a crucial factor in policy making, especially when it comes to European redistribution. The extent to which the German population is willing to show medical and fiscal solidarity is shown in the following analysis.

In our survey, we distinguished two types of economic aid and two types of medical aid. With regard to fiscal solidarity, we made an explicit distinction between direct financial assistance and the issuance of joint European debt ("coronabonds")—that is, types of aid associated with different degrees of potential control by national governments. With regard to medical solidarity, we distinguished between the provision of face masks and the provision of ventilators as forms of medical emergency aid that vary in terms of their existential relevance for the persons affected.

⁵ See, for example, Degner, H. & Leuffen, D. (2019): Crises and Responsiveness: Analysing German Preference Formation during the Eurozone Crisis. *Political Studies Review*; Bechtel, M., Hainmueller, J. & Margalit, Y. (2014): Preferences for International Redistribution: The Divide over the Eurozone Bailouts. *American Journal of Political Science*, 58(4), 835-856.

⁶ See, for example, Koos, S. (2019). Crises and the reconfiguration of solidarities in Europe: Origins, scope, variations. *European Societies*, 21(5), 629–648.

⁷ See, for example, Bechtel et al. (2014); Lengfeld, H., Kley, F. K., & Häuberer, J. (2020). Contemplating the Eurozone crisis: Are European citizens willing to pay for a European solidarity tax? Evidence from Germany and Portugal. *European Societies*, 1–31.

⁸ Europäische Kommission (2012). Die EU-Bürger, die Europäische Union und die Krise. Standard-Eurobarometer 77, Spring 2012. https://ec.europa.eu/commfrontoffice/publicopinion/archives/eb/eb77/eb77_cri_de.pdf

⁹ Genschel, P., & Hemerijk, A. (2018). Solidarity in Europe, STG Policy Briefs, 2018/01 Retrieved from Cadmus, European University Institute Research Repository, at: <http://hdl.handle.net/1814/53967>

¹⁰ Oorschot, W. V. (2000). Who should get what, and why? On deservingness criteria and the conditionality of solidarity among the public. *Policy & Politics*, 28(1), 33–48; Alesina, A., & Angeletos, G.-M. (2005). Fairness and redistribution. *American Economic Review*, 95(4), 960–980; Jensen, C., & Bang Pedersen, M. (2017). The deservingness heuristic and the politics of health care. *American Journal of Political Science*, 61(1), 68–83.

Based on our survey data, we see that the willingness to help other EU citizens strongly depends on the type of aid (Figure 1).

Figure 1:

Support for different forms of solidarity and types of aid

- Agree
- Neither agree nor disagree
- Disagree

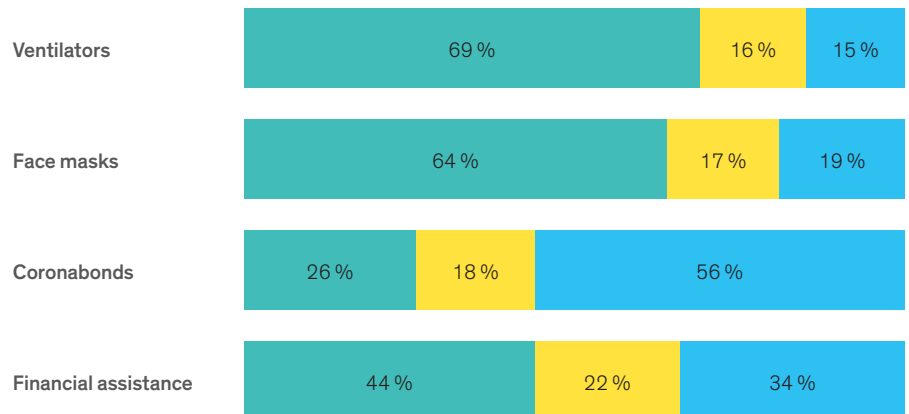
Question:

To what extent do you agree with the following statements: Germany should help other EU countries that are heavily affected by the coronavirus crisis by ...

- a) providing ventilators;
- b) providing face masks;
- c) issuing debt together with other countries (coronabonds);
- d) providing financial assistance.

Response categories for each statement: "do not agree to all" (1) to "fully agree" (7). For greater clarity, 1–3 were summarized as "disagree," the center of the scale is equivalent to "neither agree nor disagree," and 5–7 were summarized as "agree."

Authors' own calculations; the analyses are not weighted



The results show that medical solidarity is much more pronounced than fiscal solidarity. Respondents are most ready to provide existential emergency help by providing ventilators, followed by their readiness to provide face masks to other EU countries. With regard to financial solidarity, support for coronabonds is much weaker than support for direct financial assistance. Overall, agreement with providing financial assistance is larger than disagreement. At the same time, we see that one in five respondents cannot make a clear decision for or against financial assistance. The situation is different when it comes to coronabonds: Here, a majority of respondents have clear reservations. Only about one in four supports such a measure, whereas more than half oppose this kind of aid. Our results with respect to issuing joint European debt are almost identical to those of a 2012 European Commission study on support for Eurobonds in the context of the sovereign debt crisis.

What explains these findings? Studies have shown that ill persons are generally considered to have strong legitimate need. Illness-related need thus makes people want to help, and they even subordinate their own interests and attitudes to that impulse.¹¹ Accordingly, people are more willing to support medical help because of the perceived legitimacy of need. The existential significance of the two different types of aid (ventilators vs. face masks) suggests that medicinal need also motivates transnational help. However, the perceived legitimacy of need does not seem to transfer to people's readiness to provide economic aid. It seems that respondents distinguish between different dimensions of need and solidarity. The difference between the two types of economic aid (bonds vs. financial assistance) already emerged during the sovereign debt crisis.

The health dimension of the COVID-19 crisis thus seems not to have had a fundamental effect on fiscal solidarity. Joint European debt implies the loss of national fiscal autonomy. Although this type of aid is rejected, we do find a majority of respondents supporting direct financial assistance. The German population's own need in the coronavirus crisis may be one reason explaining this moderate level of support for fiscal solidarity compared to the sovereign debt crisis. The health dimension of the crisis was mastered comparatively well in Germany, which may also contribute to a greater willingness to support medical solidarity.

¹¹ See Jensen & Pedersen (2017).

Income groups and financial solidarity

In the following, we focus on those types of aid in each of the two solidarity forms that received the highest support (ventilators and financial assistance) to gain a better understanding of how people’s willingness to help is driven by socio-structural factors. Our analyses show that men show stronger support for both fiscal and medical help for other EU countries than women. Likewise, respondents with higher educational attainment are also more willing to help in both dimensions. Figure 2 shows the levels of support in relation to respondents’ own economic situation.

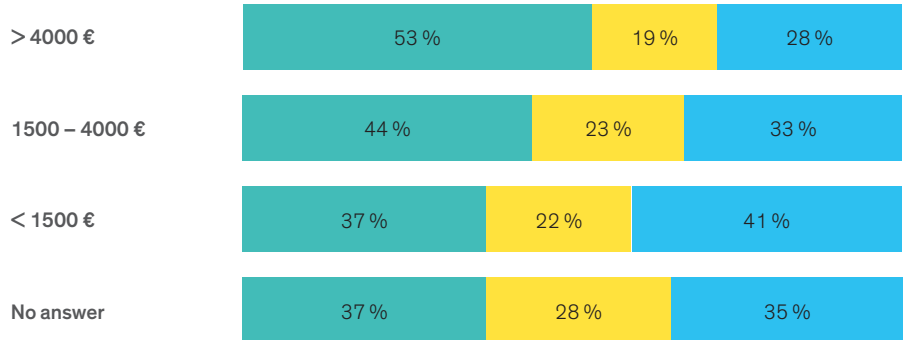
Figure 2:
Income groups and financial solidarity

- Agree
- Neither agree nor disagree
- Disagree

Question:
What was the total monthly net income of the household you live in?

Response categories for each statement: “do not agree to all” (1) to “fully agree” (7). For greater clarity, 1–3 were summarized as “disagree,” the center of the scale is equivalent to “neither agree nor disagree,” and 5–7 were summarized as “agree.”

Incomes grouped; authors’ own calculations; analyses are weighted.



Financial solidarity with other EU countries increases as household incomes increase. From a welfare state perspective, this is surprising at first, given that earners of higher incomes, through the taxes they pay, have to make a higher contribution to such aid measures. In the European context, similar findings are attributed to the cosmopolitan outlook of this group and the fact that this group benefits more strongly from European integration both in economic terms and in terms of lifestyle. At the same time, it needs to be pointed out that financial solidarity is relatively high even among respondents with the lowest incomes. However, respondents who earn lower incomes and may even be hit by a loss of income are clearly less willing to support redistribution across national borders. Respondents hit by a crisis-related loss of income are much less often willing to support transnational aid payments (about 10 percentage points less agreement).

Interestingly, support for medical solidarity is only weakly connected to respondents’ own health situation. Even among groups with pronounced health problems, we find surprisingly strong support for the provision of ventilators. That picture hardly changes if respondents are questioned directly whether they belong to an at-risk group for COVID-19.

Party preference and financial solidarity

This is clear evidence of a fundamental humanitarian solidarity that transcends European borders. Figures 3 and 4 show the support for medical and financial solidarity in relation to respondents' intentions to vote for a specific party.

Figure 3:

Party preference and financial solidarity

- Agree
- Neither agree nor disagree
- Disagree

Question:

Which party would you vote for if federal elections were held next Sunday?

Response categories for each statement: "do not agree to all" (1) to "fully agree" (7). For greater clarity, 1–3 were summarized as "disagree," the center of the scale is equivalent to "neither agree nor disagree," and 5–7 were summarized as "agree."

Authors' own calculations; analyses are weighted

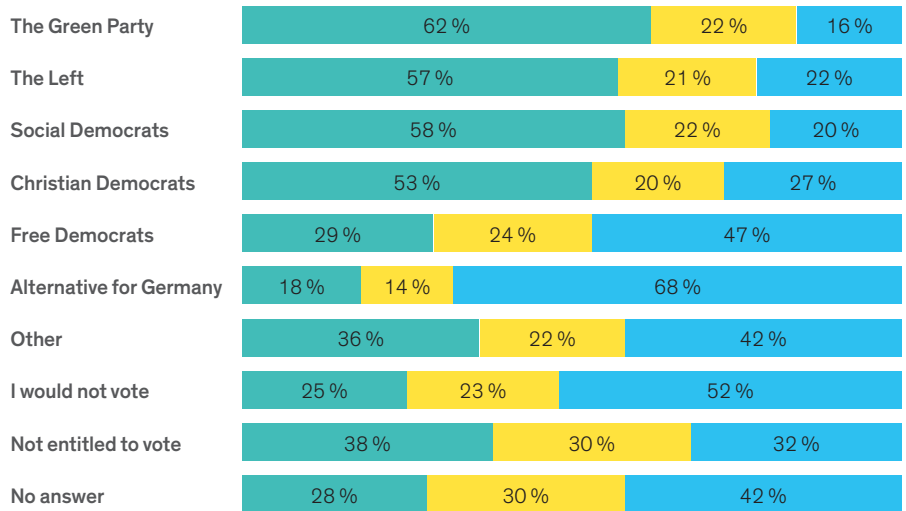


Figure 4:

Party preference and medical solidarity

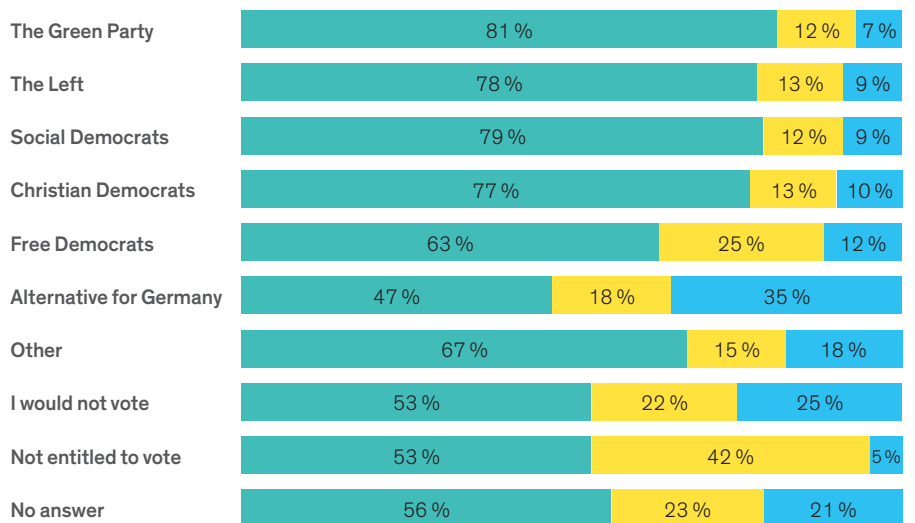
- Agree
- Neither agree nor disagree
- Disagree

Question:

Which party would you vote for if federal elections were held next Sunday?

Response categories for each statement: "do not agree to all" (1) to "fully agree" (7). For greater clarity, 1–3 were summarized as "disagree," the center of the scale is equivalent to "neither agree nor disagree," and 5–7 were summarized as "agree."

Authors' own calculations; analyses are weighted



Somewhat surprising patterns emerge for both forms of solidarity. Although we do find the expected left-right gradient in European solidarity, the differences in the level of support for solidarity measures between the mainstream parties and the leftist parties are comparatively small. Critical attitudes towards providing financial assistance are only found among FDP and AfD voters, non-voters, and respondents who chose not to name a party preference. Among those voting for other parties, we do see a consensus emerge regarding the necessity of providing financial assistance to other EU countries. When it comes to medical solidarity, party preferences become much less important. Across all party lines, we see strong willingness to provide medical aid.

Need, costs, and the scope of solidarity

About the survey

In this paper, we present results of a survey of 4,800 respondents across Germany conducted by the “The Politics of Inequality” Cluster of Excellence at the University of Konstanz from late April to early May 2020. For more information on the survey program of the Cluster of Excellence, see <https://inequality.uni.kn/research/COVID-19-and-inequality-surveys-program/>.

Vignette on medical solidarity

(passages in bold indicate variations in the text)

Imagine (1) **another German state** in which a large number of people have fallen ill from the coronavirus. Despite the existence of a (2) **well-developed healthcare system**, not all COVID-19 patients can get appropriate treatment because of a shortage of ventilators. According to one initiative, your state is to provide ventilators **to the other state**. The possibility that such a measure might lead to (3) **medical disadvantages for you and your region** cannot be entirely ruled out. Would you support such an initiative?

Vignette on fiscal solidarity

Imagine (1) **another EU country** in which a large number of people have fallen ill from the coronavirus. In the past, that country only built up limited financial reserves (2) **because of overly generous spending policies** and hence has little capacity to address the economic consequences of the COVID-19 crisis on its own. According to one initiative, **Germany** is to provide financial assistance to that country to help it counter the economic fallout. The anticipated measure would temporarily lead to (3) **higher tax rates**. Would you support such an initiative?

To better understand the relevance of individual conditions with regard to people’s willingness to show solidarity, we performed a simple survey experiment (see sidebar box “About the survey”): Each respondent was given a short description of a hypothetical situation (vignette) in the coronavirus crisis. Using a scale of 1 (strongly disagree) to 7 (strongly agree), respondents were asked how strongly they supported a potential medical or economic aid initiative in the given scenario. By way of example, the sidebar box “Vignette on medical solidarity” illustrates the vignette wordings. Each respondent was given a vignette on economic solidarity and a vignette on medical solidarity. In these vignettes, three factors were varied: (1) the aid recipient (another German state, another EU country, a country outside the EU); (2) the cause of the need, indicating whether the aid recipient is in any way responsible for the state of the healthcare system or the economic system; (3) information on the financial costs or the health risk (high/low). The varied factors are printed in boldface in the boxes. The combination of factors was assigned randomly to respondents.

Again, our results show that medical solidarity is much higher than fiscal solidarity. Across both forms of solidarity, we see that varying costs has the greatest effect. The prospect of higher tax rates reduces respondents’ support by slightly more than one point on the scale (on a scale of 1 to 7). A higher health risk likewise reduces solidarity by just under one point. Variations in the recipient country also underscore the conditional nature of solidarity. For both types of aid, solidarity is highest with another region in Germany. If another EU country is mentioned, medical solidarity drops by 0.4 points on the scale, economic solidarity by 0.6 points. Medical solidarity with EU member countries is significantly higher than with non-EU countries. Surprisingly, that difference does not emerge for economic solidarity: Here, respondents are not willing to show stronger solidarity with their closest European partners. Whether this is because they believe need outside the EU to be even higher or whether they think that Germany is already doing enough within the EU cannot be ascertained from these results, unfortunately. Whatever the reason, this finding is an unexpected one—especially against the backdrop of the study by Gerhards et al. (2019).¹²

When it comes to who is responsible for the need, we find that earlier cuts in the healthcare sector slightly reduce medical solidarity, albeit only by 0.15 points on the scale. That effect, however, is almost 0.1 points larger with respect to fiscal solidarity (0.24). This suggests that past fiscal “errors” make people more critical in their assessment of the situation, irrespective of the actual cause of the crisis, the COVID-19 pandemic. This may be attributable to feelings of resentment persisting in the North since the sovereign debt crisis.

Discussion

Our study shows that European solidarity in times of COVID-19 is viewed as conditional by German citizens. First, their support depends on the type of need, with health-related risks evoking the strongest solidarity. Second, past institutional actions (misguided fiscal or health policies) have an impact on their willingness to help. Third, the type of aid program also plays a role. Finally, the costs arising from an act of solidarity have a major effect on people’s willingness to help.

¹² Gerhards, J., Lengfeld, H., Ignác, Z., Kley, F. K., Priem, M. (2019): *European Solidarity in Times of Crisis: Insights from a Thirteen-Country Survey*. London: Routledge.

The importance of costs is also highlighted in a recent study by the Max Planck Institute for the Study of Societies (MPIfG). If Italy's exit from the euro threatened to disrupt the Eurozone, Germans would in fact be willing to support coronabonds.¹³ In our study, additional respondent-specific, socio-demographic characteristics such as gender or income also make a difference. Another notable finding is that FDP and AfD voters are less willing to support redistribution than voters of other parties.

With regard to people's willingness to support measures of financial redistribution, our findings are in line with the research body established since the sovereign debt crisis: Germans continue to refuse Eurobonds. The same is true of temporary coronabonds. Support for financial aid measures varies by party preference on the left-right spectrum, with voters of leftist parties showing stronger support for redistribution. The strongest support is found among Green Party voters, which can certainly be attributed to the combination of economic progressivism and cosmopolitanism typical of this group of voters.

Our study demonstrates once more that affluent citizens have stronger ties to Europe—whether these ties are based on idealism or materialist interests cannot be fully determined at this point. In any case, the differences between the economic elites and the broader public underline the importance of the “constraining consensus” (Hooghe & Marks, 2009), which thus remains a challenge for political decision-making in times of COVID-19 as well.

After some initial hesitation, Chancellor Merkel, together with French President Macron, resolved to play an active role in shaping the future of Europe after the coronavirus crisis. The Merkel-Macron plan, jointly presented on May 18, 2020, was met with strong approval across nearly all political parties in Germany. At the same time, the so-called “frugal four” (Austria, Sweden, Denmark, and the Netherlands), but also numerous Eastern European countries, have been critical of the German government's new verve.¹⁴ Especially in the case of the “frugal four,” the population is likely to play a role similar to the one in Germany. This involves the risk of continued deadlock in the negotiations about the EU's Multi-Year Financial Framework.

In all likelihood, the only way to overcome the continuation of sovereign-debt-crisis-style politics, which has led to critical disruptions and the emergence of political camps within the EU—with the COVID-19 crisis serving as a focal point of these differences—will be through ideational leadership both in the domestic and the European arenas.¹⁵ Ideational leadership guided by political concepts aims to highlight medium- and long-term interests. Hardly anyone would doubt that Germany benefits from strong ties within the EU. These ties, however, are strained by growing inequalities. That is why we should work to redress them.

¹³ Baccaro, L., Bremer, B., & Neimanns, E. (2020). German voters and Eurobonds. https://www.mpifg.de/forschung/forschung/themen/baccaro_coronabonds_en.asp.

¹⁴ See, for example, “The ‘frugal four’ advocate a responsible EU budget”, co-authored by Sebastian Kurz, Mark Rutte, Mette Frederiksen, and Stefan Lovfen in the Financial Times of February 16, 2020. <https://www.ft.com/content/7faae690-4e65-11ea-95a0-43d18ec715f5>.

¹⁵ Degner, H., & Leuffen, D. (2020). Brake and broker: Franco-German leadership for saving EMU. *Journal of European Public Policy*, 1–8.

Policy implications

- European solidarity does remain strong, but only under certain conditions: (1) health risks and medical assistance, (2) adequate government precautions, (3) limited liability (bonds vs. financial assistance), (4) limited costs. Affluent citizens are more willing to bear the costs; dividing lines between the established parties play a minor role, with the exception of AfD and FDP when it comes to fiscal measures.
- Redistribution measures must be well justified: The causes and scope of the need must be explained. An exclusive focus on costs reduces people's willingness to help, as does ignoring the medium- and long-term interests of the donors. The long-term consequences of austerity, including its impact on public health, should be considered when designing fiscal aid programs.
- One key challenge for the German EU Council Presidency beginning in July 2020 will be to find a balance between the southern, eastern, and northern member states. The COVID-19 crisis, as a focal point of preexisting disagreements over Europe's future, enables the federal government to adopt a more pronounced position. Aside from concrete measures, it should work to achieve a stronger convergence of European policy narratives in the medium term—including member states' perceptions of their own responsibility and "bad luck" in the wake of the sovereign debt crisis—to counteract the further erosion of ties between the EU member states.
- The coronavirus crisis underscored the interdependence between the EU member states at the medical and economic level. The strong support for medical solidarity can serve as the basis for creating additional European measures of collective crisis prevention.

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Imprint

The Politics of Inequality Perceptions, Participation and Policies

is an interdisciplinary Cluster of Excellence at the University of Konstanz within the framework of the Excellence Strategy of the federal and state governments. The gap separating the poor from the rich, the worldwide rise of populism, the division of burdens in the fight against climate change, unfairly distributed access to education – many current debates are as much about inequality as they are about other issues. These topics pose highly complex questions, yet scientifically grounded answers are still few and far between. This is where we come in to investigate “The Politics of Inequality”: the political causes and consequences of inequality.

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