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▶ To cite this version:

Oscar Mazzoleni, Gilles Ivaldi. Right-Wing Populism and the Trade-Off Between Health and the Economy During the COVID-19 Pandemic: A Comparison Between Western Europe and the United States. Hande Eslen–Ziya; Alberta Giorgi. Populism and Science in Europe, Palgrave Studies in European Political Sociology, Springer International Publishing, pp.255 - 284, 2022, 9783030975340. 10.1007/978-3-030-97535-7_12. halshs-03693657

HAL Id: halshs-03693657 https://shs.hal.science/halshs-03693657

Submitted on 13 Jun 2022

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This is a pre-print version of a chapter that appears in *Populism and Science in Europe*, edited by Hande Eslen Ziya and Alberta Giorgi, Palgrave Studies in Political Sociology, Cham, Springer International Publishing, 2022.

DOI: 10.1007/978-3-030-97535-7_12

https://link.springer.com/chapter/10.1007/978-3-030-97535-7 12

Right-wing populism and the trade-off between health and the economy during the COVID-19 pandemic: A comparison between Western Europe and the United States¹

Oscar Mazzoleni & Gilles Ivaldi

Abstract

This chapter adopts a demand-side perspective and focuses on the role of right-wing populism in public attitudes toward the trade-off between public health and the economy amid the COVID-19 pandemic. Drawing from an original survey of nationally representative samples taken in June 2021 in the United States, Germany, France, Italy, and Switzerland, the analysis confirms that the health–economy trade-off is driven in large part by party preferences. Irrespective of citizens' views regarding government decision-making, of their perceived impact of welfare chauvinism, or their sociodemographic profile, we find that right-wing populist parties and their leaders attracted the most skeptical segment of the general public during the second phase of COVID-19 pandemic, at the time of vaccination campaigns and COVID-19 certificates.

Keywords: COVID-19, Populism, Health, Economy, Right-wing voting

Introduction

Since the beginning of 2020, the COVID-19 pandemic has triggered large scale emergency measures by national governments. Mostly, such measures have been based on medical expert advice and they have been considered to be primarily 'science-driven'. Meanwhile, populist opposition to such responses by governments to the COVID-19 pandemic has gathered force across Europe and the United States, expressing concerns about curtailed civil liberties as well as about the impact of such measures on the national economy. Such criticism has been labelled 'medical populism' defined as a spectacularization, simplification and dramatization of the health crisis, which constructs a conflict between 'liberty and the economy', on the one hand, and 'public health', on the other hand (Lasco, 2020; see also Lasco and Curato, 2019). Mede and Schäfer (2020) suggest that this may have fuelled

public resentment against science in the form of what the authors define as 'science-related populism', that is a set of ideas suggesting that the virtuous "ordinary people" and their common sense—and not allegedly corrupt academic elites—should determine what is deemed "true knowledge," how it is produced, and on which topics scientific research should focus (p.482).

Recent research seems to confirm that right-wing populist (RWP) actors are increasingly part of such mobilization against 'science-driven' COVID-19 measures, which concerns face masks, vaccines, and vaccination certificates (e.g., Meyer, 2021; Speed and Mannion, 2020). One particular aspect, which has received little attention, however, concerns how arguments about economic freedom and prosperity have been used by right-wing populists opposing governments' COVID-19 restrictions that have been imposed in the name of science. There is little knowledge of how the trade-off between health and the economy has been framed by RWP parties and leaders during the pandemic crisis, and, most importantly, how their voters may have balanced concerns for general health and the economy. Moreover, we need a better understading of the variation in COVID-19 pandemic responses across different national contexts, particularly with regard to populist participation in national executives during the pandemic, and when taking other types of populist challengers into account. As government restrictions based on science advice have persisted, and science-related populism has continued to spread across many countries –including Western Europe and the United States– in 2020 and 2021, one might ask how much the opposition between health and the economy may be shaping a new political cleavage between citizens.

Looking at the complex relation between science and populism from this particular angle, this contribution seeks to answer two main research questions: 1) are RWP parties' voters more inclined to prioritize the economy over the government's health-oriented restrictive measures against COVID-19? And if so, do we see different effects across Western countries, in particular when contrasting West European countries with the United States?

The chapter is organized as follows. First, we develop our theoretical argument by using existing literature on the relationship between people's opinions and the pandemic showing that ideological and partisan features matter; second, we will introduce the case selection on which we will perform our comparative analysis. Then, to develop our main hypothesis, we will illustrate how supply-side right-wing populism has framed the trade-off between health and the economy during the pandemic. We will do this by offering some examples of statements by leaders and representatives. In the fourth section, we will analyze original survey data gathered in June 2021 among national representative samples of citizens in France, Italy, Germany, Switzerland and the United States.

Citizens' attitudes during the pandemic

As the pandemic crisis is a recent phenomenon, there is a dearth of studies addressing which COVID-19 related issues and grievances influence citizens' support for RWP parties, how these parties' voters deal with the issues, and how they may differ from other populist parties' supporters, especially those with left-wing populist orientations. However, some studies do provide some material to help us build our argument.

Regarding the trade-off between economy and health, a comparative survey among seven West European countries conducted in June 2020 (Oana, Pellegata and Wang, 2021) suggests that those who are not afraid of the COVID-19 crisis having a negative impact on their personal health and the health conditions of society in general tend to oppose strict lockdown policies, while people worried

about personal and societal economic aspects tend to be in favor of strict lockdowns. By contrast, citizens traditionally more in favor of the state playing a proactive role in supporting its citizens' wellbeing in the name of solidarity and tradition and have had easier access to economic relief during the COVID-19 crisis would be more willing to accept strict health measures than would be the case with right-wing voters. Overall, according to this research, both ideological orientation and personal and social pre-occupation have an impact on the trade-off between health and the economy during the first wave of the pandemic. A complementary stream of research shows a clear negative link between RWPP supporters, on the one hand, and trust in vaccines and scientific authorities, as well as social distancing measures, on the other hand. An aggregate nationwide analysis conducted in 14 West European countries before the COVID-19 pandemic suggests there is a positive association between the level of support for right-wing populist parties and the percentage of citizens who believe that vaccines are either unimportant or ineffective (Kennedy, 2019). A sub-national analysis in Italy (Barbieri and Bonin, 2021) highlights that residents in provinces with high support for extreme rightwing parties had lower rates of compliance with social distancing orders during the first COVID-19 lockdown in 2020. A study carried out in the UK in the spring of 2020, when the consensus about restrictions was high, show that people who believed immigration was bad for the British economy and those who thought Britain should protect its independence were less supportive of lockdown measures (Collignon, Makropoulos and Rüdig, 2021). A case study by social psychologists based on a three-step survey – one before and two during the pandemic – shows the influence of the left–right axis on scientific trust, with a strong link between right-wing ideology and lower trust in scientists (Kossowska and Szwed Czarnek, 2021). Similarly, a survey in Poland in April 2021 provides evidence that RWPP voters are more likely to support the anti-vaccine movement (Raciborski et al., 2021). Research conducted in the US underlines that people's attitudes toward the government's measures to curb COVID-19 were clearly partisan-oriented even during the first wave in 2020 (Alcott and al. 2020; Gadarian, Goodman and Pepinsky, 2021). Drawing on two different datasets, collected at two different stages of COVID-19 infection rates across the United States and specifically in Florida, Shino and Smith (2021) find that health concerns are important predictors of people's choices in the 2020 presidential election. Individuals who were concerned about contracting COVID-19 and had taken even the most basic preventive action (wearing a mask) to prioritize public health vis-à-vis the economy were more likely to show weaker support for Trump in 2020.

A comparative analysis of Western countries

As can be seen, the current literature suggest that right-wing populist responses to COVID-19 measures by national governments show both similarities and differences across national contexts. By using a comparative approach, our empirical analysis aims to show to what extent a health vs economy cleavage has arisen during the pandemic. In this vein, it seems crucial to compare European countries with the United States, as trends of right-wing populism and responses to the pandemic may follow different patterns, and to focus on 2021, when the pandemic crisis persists but also continues to play a transformative role.

Our data cover four European countries –namely France, Italy, Germany and Switzerland– and the United States. We have selected our five cases according to three main dimensions. The first dimension relates to the the presence of one or more relevant right-wing populist parties in the

country. Our analysis considers European countries where established right-wing populist parties are currently enjoying substantial levels of electoral support. For our European countries, we use the PopuList as a reference to identify populist parties (Rooduijn et al., 2019). Cases of radical right-wing populist parties include the *Rassemblement national* (RN) in France, the *Alternative für Deutschland* (AfD) in Germany, *Lega* and *Fratelli d'Italia* in Italy, and the *Schweizerische Volkspartei* or Swiss People's Party (SVP) in Switzerland. In the United States, we follow the recent literature that sees Donald Trump as a main populist case, showing important similarities with RWP parties in Western Europe (Rahn, 2019; Hawkins and Littvay, 2019; Steger, 2019).

The second dimension is related to the status of the RWP actors in their respective party systems. In the US, the Trump presidency between 2017 and 2021 marked a major case of populism in power. In Switzerland, the SVP has traditionally been a member of the Swiss federal government, while parties like the RN and AfD continue to be excluded from national power. In Italy, *Lega* and M5S have recently been in government. A junior member of the conservative coalition with Forza Italia since 2013, *Fratelli d'Italia* became the main opposition party in Italy. Such differences are relevant as RWP parties with a governmental profile may be inclined to moderate their populism and may also seek to appeal to a broader electorate with more disparate economic preferences and diverging views about health issues.

A third and last dimension concerns the competitive opportunities for the supply of populism in our countries. In Switzerland and the US, populism is primarily found on the right of the party system. In Switzerland, the SVP is the only nationwide populist party (Mazzoleni, 2018). In the US, populism is an essentially right-wing phenomenon (Steger, 2019). By contrast, in France, populism is found across both sides of the party system, with Jean-Luc Mélenchon's LFI as a case of left-wing populist party (Ivaldi, 2018). In Germany, *Die Linke* has used populist ideas and themes, although the party remains more firmly associated with a traditional radical left agenda. In Italy, the main populist forces include M5S, which has a strong populist appeal while showing more ambivalent positions on the economic and cultural axes of competition (Ivaldi et al., 2017, Mosca and Tronconi, 2019). The presence of other relevant populist actors may have important implications for the distribution of populist socioeconomic attitudes across the political spectrum. There may also be variation in how such attitudes interact with policy preferences to shape political behavior (Loew and Faas, 2019).

Right-wing populist politics against lockdown

We begin by looking at the 'supply-side' of right-wing populism regarding the trade-off between the economy and health-oriented restrictive measures against COVID-19 across our five countries of interest. While we recognize that the link between 'demand-side' and 'supply-side' of populist politics is a complex one, it is important that we look at possible differences in populist strategies over economic and health issues issues across context.

While at the beginning of the pandemic, there was strong variation in RWP parties' strategies regarding health policy measures (e.g., Bobba and Hubé, 2020), we can argue that opposition to lockdown measures has been a common position among many right-wing populist parties and leaders across continents after the first wave of pandemic crisis. Such actors have been champions of anti-lockdown stances, often downplaying the pandemic and rejecting mainstream scientific expertise (Speed and Mannion, 2020; Meyer, 2021). However, the attack against expertise and medical authorities was not the only argument at stake. It is also notable that these parties have propagated

their criticism of lockdowns by using economic populist stances – in particular, by showing strong support for small businesses as main drivers of the country's economy and wealth.

In the US, during the 2020 presidential campaign, Donald Trump primary attacked Joe Biden for wanting to 'lock down' the economy again and ostensibly turn the US into a 'prison state.' As early as March 2020, in the early days of the pandemic, Trump pushed to reopen the economy, saying that he wanted the country 'opened up and just raring to go by Easter,' despite warnings from health experts: 'Our country, Trump said, wasn't built to be shut down. This is not a country that was built for this. It was not built to be shut down (...) If it were up to the doctors, they may say let's keep it shut down – let's shut down the entire world! (...) We lose thousands and thousands of people a year to the flu. We don't turn the country off'.' Additionally, Trump claimed to support workers and small businesses: 'My administration is also taking bold action to help American workers (...) We've now processed over \$200 billion in loans to help small businesses retain their workers (...) It's really something that has been an incredible success. And they need more money to keep it going to take care of these business and keep them—keep them open.'4

In France, *Rassemblement national* (RN) has pursued similar anti-lockdown rhetoric with a disregard for scientific expertise and a call to support small businesses. According to the party, 'successive lockdowns have been terrible blows to economic actors (...) affecting the whole chain of supply and economic activity. In 2020, bankruptcies have concerned, above all, the smallest companies, which have been weakened and unjustly sacrificed on scientifically unproven grounds.' For Marine Le Pen, 'the total closure or major time restriction of bars and restaurants risks killing the economy and plunging thousands of business owners and employees into great difficulty. Let's not add, she said, economic and social distress to the health crisis!' Support for small business has also been key to the RN's message: 'we need automatic and generalized mechanisms to help small entrepreneurs and self-employed workers (merchants, farmers, professionals...) receive a subsistence allowance.'

In Switzerland, the SVP has also taken anti-lockdown positions. According to the party, 'a generalized ban on public gatherings is far too drastic a measure because it completely paralyzes the life of societies. The fact is that we are now paying the price for the laissez-faire policy pursued by the left in municipal authorities, which tolerated illegal parties and demonstrations. This serious negligence endangers not only the health of all the country's inhabitants but also our national prosperity.'8

We find similar populist responses to COVID-19 policies in Italy. With regard to protests against lockdowns, according to *Lega* leader Matteo Salvini, 'where the situation is under control, you cannot ask for more weeks or months of closures and sacrifices (...) They are people who are just asking to be able to work; I always listen to them with extreme attention.'9 Meanwhile, Salvini called for evictions to restore private properties: 'it is necessary and urgent to restore private property and give the 4 million small landlords who have not been getting their rents for a long time and who are also paying taxes on them back their rights.'10 We see similar views by Giorgia Meloni, leader of *Fratelli d'Italia*: 'I am against the use of the Green pass to access social life because I find it neither useful nor right (...) I consider it harmful for our already compromised economy and useless for the management of the pandemic.'11

In Germany, the AfD voiced strong support for small business and entrepreneurs, calling for emergency financial support from the state and the exemption of income and corporate taxes and asking that the government 'immediately put an end to the state-imposed lockdown and give back to the many businesses and their employees that are threatened with extinction and to all people their

constitutionally guaranteed rights to freedom.'¹² According to Stephan Brandner, deputy federal spokesman, 'the state aid, which was paid out far too late and is far too bureaucratic, cannot plug the holes created by missing sales. As the AfD, we stand for the fact that there must be a legally regulated right to compensation and no handouts for entrepreneurs. Above all, however, we also stand for openings and a reawakened economy, as many countries in the world are currently successfully showing us!'¹³

As can be seen, RWP parties' discourse in some relevant Western countries have prioritized economic freedom by adopting a variety of arguments – among others, a defense of small business and constitutional (including property) rights and skepticism about the scientific and medical reasons underlying restrictive measures taken in the name of health protection. Thus, considering the available research and 'supply-side' evidence, it seems reasonable to hypothesize that (1) people supporting RWP parties are more economics-oriented with lower agreement with science-based restrictive measures taking place during the pandemic, and because of the increasing politization by RWP parties, more than personal and social concerns relating to the pandemic, (2) ideological orientation has an impact on the trade-off between health and the economy.

Data and Methods

Our analysis is based on an original comparative survey conducted by YouGov in June 2021. In particular, we look at how citizens view the health vs. economy trade-off, as well as their evaluation of the national government's management of the COVID-19 crisis. Our national representative samples include people aged 18 and over who were recruited via the internet. The survey used quota-sampling based on gender, age, occupation, and size of municipality with regional stratification. Potential 'speeders' who completed the questionnaire in less than half the median time were excluded. While we are primarily interested in right-wing populist parties and actors, we also explore socioeconomic attitudes for other populist parties in the countries where such parties are relevant. Finally, it should be noted that our period of investigation concerns the second stage of the pandemic in 2021, at a time when the social and economic impact of government policies to fight the COVID-19 pandemic emerged as a political issue across most Western countries.

Our main variable of interest concerns the health versus economy trade-off during the pandemic, which was measured using the following item: "to what extent do you agree or disagree with the following statement: the government should always prioritize public health over the economy?". Other COVID-19 related socioeconomic and political attitudes concerned the evaluation of the national government's handling of the health crisis, which was taken from the following question: "The government has handled the health crisis in a satisfactory way". Positive views of the management of the pandemic by the national government may increase the likelihood to support health measures over the economy. Additionally, considering the relation between criticism of health measures by right-wing populist actors and their support to small businesses during the pandemic, we added two specific questions –i.e. "The government should put more trust in private companies to deal with the economic consequences of COVID-19" and "The government has not provided enough support to shopkeepers and small business owners"— which allowed to control for the effect of right-wing economic attitudes on the health versus economy trade-off. All items were measured on a seven-point Likert scale ranging from 1 'completely disagree' to 7 'completely agree.'

Next, we looked at the personal and household economic impact of the coronavirus. We may expect people who have been economically affected most by the health crisis to be less supportive of health

measures and to be more likely to prioritize the economy, independent from their political orientation. The personal/household impact of COVID-19 was taken from the following question: "Please tell us whether you have experienced one or more of these situations since the start of the COVID-19 pandemic. Please select all the responses that apply, even if this situation has come to an end: The income from my job has decreased; I was made redundant/lost my job; My household income has fallen; My working hours have decreased; I was forced to take annual eave/holiday; I was forced to take unpaid leave; None of the above".

Finally, we included two important attitudinal controls, namely welfare chauvinism and attitudes toward economic redistribution, which allowed to better isolate the effect of populist party preferences taking into account attitudinal predispositions of voting for those parties. As the literature suggests, welfare chauvinism is a key factor in populist voting, which is traditionally positively associated with right-wing populism and negatively correlated with other instances of populism, in particular those situated on the left of the party spectrum. By contrast, redistribution is a significant driver of left-wing populism, which is often seen as more socially inclusive and universalist (Van Hauewert and Van Kessel, 2018, Mudde and Kaltwasser, 2017). Welfare chauvinism and economic redistribution were measured with the following items: "People may have different opinions on societal and socioeconomic issues. To what extent do you agree or disagree with each of the following statements? In jobs, priority should be given to American citizens over foreigners; To reduce inequality, one should take from the rich to give to the poor".

Populist preferences were taken from a measure of vote intention. In the four European countries, we used a legislative vote intention featuring all relevant national political parties, as well as abstention: "If a general election were held tomorrow, which party would you vote for?" In the US, we used a measure of presidential vote intention that featured the two main candidates in the 2020 election (i.e., Joe Biden and Donald Trump), other Democratic and Republican candidates, and abstention. However, due to the small number of respondents who declared a vote for other Democratic and Republican candidates, we focused on a hypothetical Biden versus Trump horserace.

We first examine bivariate correlations between populist preferences and voters' views of this trade-off. We then turn to a series of multivariate linear regression model to examine the effect of populist voting preferences across each of the five countries. Our dependent variable is the health vs economy trade-off. Together with the populist voting variable, all our models include a set of sociodemographic controls, namely gender, age, and educational attainment, recoded into three categories: high, middle, and low. We add attitudes toward economic issues in relation to the COVID-19 pandemic, as well as the impact of coronavirus on the personal/household situation (here we focus on loss of income and/or redundancy), and our two attitudinal controls, i.e. welfare chauvinism and redistribution. We test different models for established right-wing populist actors across our five cases; where relevant, we also test a model of voting for other populist parties such as LFI in France, *Die Linke* in Germany, and the M5S in Italy. We use a dichotomous factor to contrast the populist vote against all other parties; non-responses and non-voters are excluded from calculations.

A left/right populist divide

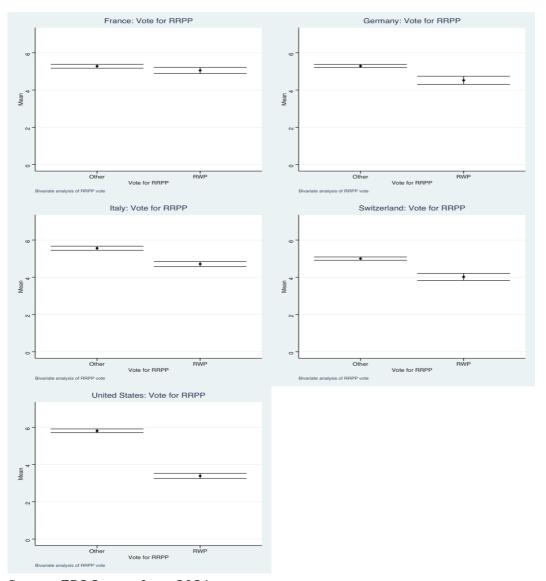
Preliminary analysis of density curves representing the distribution of the health versus economy trade-off hightlights differences across our five countries (see Appendix, Graphs 1-5). Citizens were more prone to prioritize health over the economy in France, Italy and Germany, less so in the United States and Switzerland were the distribution was less skewed to the left.

Bivariate analysis

The bivariate analysis presented in the Figures 1 and 2 shows means on the item concerning the prioritization of health over the economy across radical right-wing and other populist voters, compared with other voters in each country. As can be seen, compared with other voters, RWPP supporters were generally more likely to prioritize the economy over health during the pandemic, with the exception of the RN in France, where we find no significant difference. The gap is particularly notable in the US, where Trump voters differ substantially from those supporting Biden. Such differences are found across cases of RWP parties in opposition (e.g., Lega, AfD, Trump), as well as in cases where these parties are in power, such as the SVP in Switzerland. Let us note that we still find significant differences in Italy when looking separately at supporters of *Lega* and *Fratelli d'Italia*, with both groups being more likely to prioritize the economy over health.

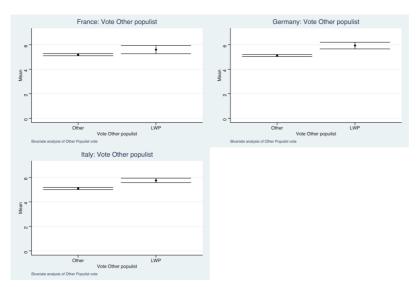
In sharp contrast, in the three countries with other populist parties, we find that supporters of *Die Linke* in Germany, LFI in France, and the M5S in Italy were more likely to prioritize health over the economy. Again, we find a greater propensity to support governmental health measures in populist parties in opposition such as LFI and *Die Linke*, as well as those in government, as was the case for the M5S in Italy at the time of the survey.

Figure 1. Means of prioritizing health over the economy for radical right-wing populist and other voters



Source: EPS Survey June 2021

Figure 2. Means of prioritizing health over the economy for other populist voters



Source: EPS Survey June 2021

Multivariate analysis

We further explore the link between populist preferences and views of the health vs economy tradeoff by running multivariate analyses that include sociodemographic controls. Populist voters across the political spectrum have different sociological profiles, and we must account for important sociodemographic factors like gender, age, and education. Additionally, we look at the working status of respondents as the priority given to the economy over health may vary across different situations depending on employment. We also add two variables concerning the impact of the pandemic on the personal/household situation (i.e., loss of income and/or redundancy) to check our second hypothesis. Table 1 summarizes significant effects of the populist vote across each country and the type of populist actor, when controlling for sociodemographic variables, and the impact of coronavirus on the personal situation (see Models 1a for RWP parties and 1b for other populist parties in the Appendix). The results show that sociodemographic factors vary across contexts. Gender is only significant in the US, where women were much more likely to prioritize health over the economy during the pandemic. In terms of age, older voters were also more likely to give priority to health, but only in Germany and Italy. We see more consistent findings with regard to education: With the exception of the Swiss case, we find that individuals with higher levels of education tend to prioritize the economy over health, and that such differences are statistically significant in all the other countries of the survey. Finally, there is virtually no effect of the personal situation with regard to loss of income and redundancy, with the exception of Germany, where respondents who had been made redundant because of the coronavirus were significantly less likely to prioritize health measures by the government (Model 1).

Turning to the effect of populist preferences, the multivariate analyses confirm that RWP parties' supporters were consistently less likely to support health over the economy, when controlling for their sociodemographic profile and personal situation during the pandemic (Model 1a), while we find the opposite for other populist voters: Supporters of *Die Linke*, LFI, and the M5S were significantly less likely to support the economic rather than the health measures by their government at the time of the

survey (Model 1b). In Italy, two separate models for *Lega*, on the one hand, and *Fratelli d'Italia*, on the other hand, confirm that supporters of those two parties were more likely to support the economy over health, with statistically significant and negative coefficients in both cases (-.52*** and -.81***, respectively, see Model 1c in Appendix).

Table 1. Health over economy: summary of significant effects of the populist vote across countries

	Right-wing populism				Other populist actors			
	France	Germany	Italy	Switzerland	US	France	Germany	Italy
	RN	AfD	Lega/FdI	SVP	Trump	LFI	Die Linke	M5S
Model 1	Model 1a	1			•	Model 1	b	
Populist vote	31**	80***	89***	95***	-2.41***	.42*	.79***	.69***
Model 2	Model 2a	1				Model 2	b	
Gov't managed health crisis well	.14 ***	.20 ***	.27 ***	.33 ***	.27 ***	.14 ***	.23 ***	.28 ***
More trust private companies	.01	08 **	.02	02	09 ***	.01	07 *	.02
Not enough support for small entrepreneurs	.05 *	.06*	02	.08 **	.08***	.05 *	.05 *	03
Welfare chauvinism	04	.01	03	06 *	07 **	04	.01	05 *
Take from rich	.24 ***	.25 ***	.13 ***	.21 ***	.29 ***	.24 ***	.24 ***	.14 ***
Populist vote	02	42 **	29 **	47 ***	86 ***	.08	.56 ***	.31 **

Note: Models 1a and 1b, linear regressions, with gender, age, education, working status, loss of income, and redundancy; in the US, we add race. Models 2a and 2b, sociodemographic and attitudinal controls.

We validate the effect of populist preferences by including the respondents' assessment of the management of the health crisis by their national government. The view of the health vs economy trade-off may be associated with the perception of how effectively the national government has handled the pandemic. To control for socioeconomic attitudes, we also include the two items concerning trust in private companies to deal with the economic consequences of COVID-19, on the one hand, and the government's support to shopkeepers and small business owners, on the other hand. Finally, we add welfare chauvinism and redistribution preferences to control for drivers of the populist vote on both the left and the right. We run the previous multivariate regressions, including all these additional factors, for both RWP and other populist parties' supporters (see details of Models 2a and 2b in the Appendix). All significant effects are reported at the bottom of Table 2. As anticipated, the effect of perceptions of the government's management of the crisis is clear. In all five countries, the preference for health over the economy is clearly associated with positive views of how the national government has dealt with the health crisis. Turning to support for small entrepreneurs, it is only significant in Switzerland and the US, which reflects the economically right-

leaning profile of SVP and Donald Trump supporters. Welfare chauvinism has no significant effect, except for the US, where more chauvinistic voters – most of whom are Trump supporters – tend to prioritize the economy over health. Interestingly, we find a strong relationship between economic redistribution and the prioritization of health measures, with individuals in favor of redistribution being significantly more likely to give precedence to health over the economy, a relationship that is partly visible in the coefficients for other and primarily left-leaning populist voters.

Again, we find the effect of RWP party preference to be statistically significant and substantial across all countries when controlling for views of the national government's action, as well as all other attitudinal predictors, with the exception of France, where the RN's vote has a much weaker effect on the health vs economy trade-off, losing statistical significance (see Model 2a). The same applies when running separate models for *Lega* and *Fratelli d'Italia* in Italy (Model 2c in Appendix), partly due to the contrasts used in the models (i.e., coding each populist party as 'other' in turn).

Model 2b also confirms our previous observations with regard to other populist parties' supporters who are still more likely to prioritize health over the economy, independently of their assessment of the government's handling of the crisis and other attitudes, in Germany and Italy. It is no longer the case, however, in France, where supporters of LFI are not more prone to prioritize health over economy when controlling for attitudinal factors, in particular for their redistribution preferences, bearing in mind that LFI voters have the highest level of pro-redistribution attitudes of the entire French electorate (Ivaldi, 2018).

Conclusion

The COVID-19 pandemic is a 'hard time' example of the formation of public opinion (e.g., Bartels, 2014). The crisis has pushed health issues in post-war Western democracies to the top of the national agenda of almost all governments world-wide, and it has fostered de-alignment and re-alignment in both the 'supply-side' and the 'demand-side' of populist politics. Faced with the new opportunities produced by COVID-19, many right-wing populists have shaped their targets and reframed their discourses and strategies, as some analyses have shown, in terms of 'medical populism', opposing science-based health measures.

In this chapter, we focused on the impact of RWP parties on the trade-off between health and the economy during COVID-19. Across Western countries, governments have implemented restrictive measures limiting business – not only strict lockdowns but also other limitations influencing income and economic freedom of small entrepreneurs and consumer access to retail (including masks and COVID passes). The analysis in the five countries confirms that the health–economy trade-off is driven in large part by populist party preferences. Irrespective of people's views regarding the national government's handling of the pandemic, and when simultaneously taking into account sociodemographic factors and relevant socio-political attitudes, we find that RWP parties and their leaders attracted the most skeptical segment of the public during the second phase of the COVID-19 pandemic (i.e., during the vaccination campaigns and COVID-19 certificates). In line with the recent literature on the populist supply of pandemic politics, our analysis of the 'demand-side' suggests that right-wing populist voters were more likely to prioritize health over the economy, and that this was very significant among those voting for Trump in the US, *Alternative für Deutschland* in Germany, *Lega* and *Fratelli d'Italia* in Italy, and the SVP in Switzerland.

How can we interpret these results? A first important aspect relates to the government vs opposition status of populist parties. As our analysis suggests, we should nuance the role of the antiestablishment stance that is inherent in the populist claim. The AfD, *Fratelli d'Italia*, the RN, the Lega, and Trump (after the 2020 Presidental elections) were in the opposition, but their supporters were no less critical of the government and no less economically oriented than supporters of the SVP; likely, the latter has a minoritarian position in the Swiss government coalition. In any event, the government vs opposition contrast does not appear to be sufficient to account for how populist voters balanced health and economic issues in COVID-19.

The left–right populist divide seems on the other hand more relevant. Our results demonstrate that supporters of left-wing populist parties such as the French *France Insoumise* and the *Die Linke* in Germany were more likely to support health-oriented restrictive policymaking in their respective countries. We find similar results for the more 'centrist' variant of populism embodied by the M5S in Italy. All this indicates that populist voters across the political board may respond differently to the prioritization of health issues. Our results are consistent with previous research and they also corroborate our overview of the 'supply-side' of pandemic politics among right-wing populist parties and leaders.

A second important aspect concerns the link between economic prioritization by RWP parties and their predominantly small business-oriented approach observed prior to the pandemic. Our findings suggests that views of the health vs economy trade-off among populist voters may be somewhat disconnected from the socio-economic positions of those parties, particularly to the right of the political spectrum. While left-wing populism is generally associated with socially inclusive and redistributive preferences (Otjes and Louwerse, 2015; Da Silva, 2021), the literature shows that RWP parties cover a wide range of socio-economic positions which have also changed over time (De Lange, 2007). The SVP is traditionally seen as a market-oriented right-wing party, while the RN and, more recently, the German AfD and *Fratelli d'Italia* are, to some extent, closer to the economic left (Otjes et al., 2018: 285; Fenger, 2018: 197). In Italy, Salvini's *Lega* is both market liberal and protectionist (Albertazzi, Giovannini and Seddone, 2018; Caterina, 2021), while in the US, Trump's socioeconomic policies were a mix of traditional conservative and more distinctively left-leaning interventionist and anti-trade positions (Steger, 2019).

A more relevant connection may be established on the other hand with the 'producerist morality' that dominates the political economy of contemporary right-wing populism. As suggested in the literature, right-wing populists in Western countries share a common 'producerist' ideology which typifies the 'people' as a virtuous community of deserving 'producers' (Kazin, 1998; Berlet and Lyons, 2000; Ivaldi and Mazzoleni, 2019; Abts et al., 2021). Producerist principles include the defense of hardworking people, high relevance of small business and private entrepreneurship, the stigmatization of 'parasites' at both the top and bottom of society, including immigrants and the establishment, which both stand accused of undermining economic prosperity (see Rinaldi and Bekker, 2021). Such principles are embedded in economic populism and they have been idenfied as key aspects of the moral economy of populist parties and leaders such as the French RN, the Swiss SVP and Donald Trump in the United States (Ivaldi and Mazzoleni, 2019, 2020).

The way in which the trade-off between health and the economy is framed by RWP is not just a by-product of the pandemic crisis, but it is rooted in previous beliefs and discourses. Although the literature traditionally emphasizes the fluidity of political rhetoric in times of crisis, research on the COVID-19 pandemic seems to contradict this argument. A recent in-depth analysis of Trump's re-

election campaign in 2020 shows for instance a great deal of continuity with his previous right-wing populist rhetoric, including 'anti-elitism and anti-science positions, personalized authority and criticism of media' (Lacatus and Meibauer, 2021: 15). Similarly, RWP parties and leaders across West European countries, as well as in the US, have opposed restrictive health measures by governments, claiming to protect economic freedom and to defend the interests of small business – topics that are nothing new to RWP parties' discourse.

Though our data do not allow to link the supply and demand-side of populist pandemic politics, our findings suggest that right-wing populist voters in particular generally tend to align with the anti-lockdown positions of their preferred party or candidate, and that they differ in that respect both from other populist and mainstream voters. Of course, the consolidation of the cleavage that has emerged between health and the economy will very much depend on the duration and severity of the COVID-19 pandemic in the next months. As our data suggest, government responses and handling of the crisis are key to preserving public opinion support for often restrictive health measures, as right-wing populists may perpetuate their criticism of the health versus economy trade-off that has dominated and may continue to occupy the political agenda of most Western nations in the near future.

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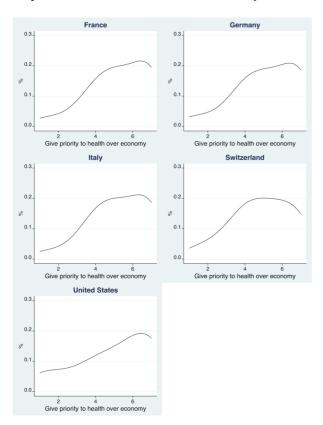
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Appendix

Graphs 1-5. Distribution of the health versus economy trade-off in France, Italy, Germany, Switzerland and the United States



Model~1a.~Linear~regressions:~Health~over~Economy~by~sociodemographic~controls~and~Vote~for~RWP~linear~li

${\bf Linear\ regressions:\ sociodemographic\ controls\ and\ Vote\ for\ RWP}$

	Health over Economy					
	France	Germany	Italy	Switzerland	United States	
GenderFemale	0.10 (0.09)	0.12 (0.08)	0.09 (0.09)	0.21 (0.09)*	0.43 (0.08)***	
AgeContinuous	0.001 (0.005)	0.01 (0.004)**	0.01 (0.004)**	0.004 (0.004)	-0.004 (0.003)	
RaceBlack					0.22 (0.14)	
RaceHispanic					0.01 (0.16)	
RaceOther					-0.45 (0.17)**	
EducationRMiddle	-0.18 (0.12)	-0.28 (0.13)*	-0.26 (0.13)	-0.01 (0.11)	-0.38 (0.12)**	
EducationRHigh	-0.41 (0.11)***	-0.43 (0.13)**	-0.29 (0.15)*	-0.05 (0.10)	-0.48 (0.10)***	
StatusRecStudent	0.11 (0.34)	0.13 (0.21)	0.18 (0.23)	0.17 (0.18)	-0.01 (0.23)	
StatusRecInactive	0.12 (0.14)	0.03 (0.14)	0.35 (0.12)**	0.15 (0.15)	0.06 (0.11)	
StatusRecRetired	0.12 (0.14)	0.31 (0.12)*	0.40 (0.14)**	0.30 (0.14)*	0.08 (0.12)	
LossIncome	0.19 (0.11)	0.13 (0.11)	-0.06 (0.09)	0.15 (0.13)	0.29 (0.11)**	
MadeRedundant	0.14 (0.24)	-0.96 (0.22)***	0.25 (0.16)	-0.06 (0.26)	-0.17 (0.17)	
VoteRWP	-0.31 (0.10)**	-0.80 (0.12)***	-0.89 (0.09)***	-0.95 (0.11)***	-2.41 (0.09)***	
Constant	5.30 (0.28)***	4.75 (0.25)***	4.91 (0.25)***	4.62 (0.22)***	6.03 (0.20)***	
Observations	1359	1632	1280	1484	1633	
\mathbb{R}^2	0.02	0.08	0.11	0.07	0.35	
Adjusted R ²	0.01	0.07	0.11	0.06	0.34	
Residual Std. Error	1.64 (df = 1348)	1.60 (df = 1621)	1.51 (df = 1269)	1.61 (df = 1473)	1.67 (df = 1619)	

Notes:

*p<0.05; **p<0.01; ***p<0.001 Linear regression by country SEs in brackets EPS Survey June 2021

Model~1b.~Linear~regressions: Health~over~Economy~by~sociodemographic~controls~and~Vote~for~other~populist~parties~and~vote~for~populist~parties~and~vote~for~other~populist~parties~and~vote~for~populist~parties~and~parti

Linear regressions: sociodemographic controls and Vote for other populist parties

	Health over Economy			
	France	Germany	Italy	
GenderFemale	0.12 (0.09)	0.18 (0.08)*	0.11 (0.09)	
AgeContinuous	0.002 (0.005)	0.01 (0.004)**	0.01 (0.004)**	
Education RM id dle	-0.14 (0.12)	-0.30 (0.13)*	-0.20 (0.14)	
EducationRHigh	-0.34 (0.11)**	-0.44 (0.13)**	-0.10 (0.15)	
StatusRecStudent	0.16 (0.34)	0.16 (0.21)	0.37 (0.23)	
StatusRecInactive	0.10 (0.14)	-0.01 (0.14)	0.35 (0.12)**	
StatusRecRetired	0.12 (0.14)	0.28 (0.12)*	0.48 (0.14)***	
LossIncome	0.15 (0.12)	0.08 (0.11)	-0.10 (0.09)	
MadeRedundant	0.11 (0.24)	-0.95 (0.22)***	0.31 (0.16)	
Vote other populist	0.42 (0.18)*	0.79 (0.14)***	0.69 (0.11)***	
Constant	5.09 (0.27)***	4.62 (0.25)***	4.39 (0.26)***	
Observations	1359	1632	1280	
R ²	0.02	0.07	0.07	
Adjusted R ²	0.01	0.07	0.07	
Residual Std. Error	1.64 (df = 1348)	1.61 (df = 1621)	1.55 (df = 1269)	
F Statistic	2.49** (df = 10; 1348)	12.50*** (df = 10; 1621)	10.20*** (df = 10; 1269)	

Notes:

*p<0.05; **p<0.01; ***p<0.001

Linear regression by country

SEs in brackets

Model 1c. Linear regressions: Health over Economy by sociodemographic controls and Vote for the Lega and Fratelli d'Italia (Italy)

Linear regressions: sociodemographic controls and Vote for Lega and Fratelli d'Italia (Italy)

	Health over Economy		
	Lega	Fratelli	
GenderFemale	0.15 (0.09)	0.06 (0.09)	
AgeContinuous	0.01 (0.004)*	0.01 (0.004)**	
EducationRMiddle	-0.27 (0.14)	-0.18 (0.14)	
EducationRHigh	-0.25 (0.15)	-0.14 (0.15)	
StatusRecStudent	0.26 (0.23)	0.22 (0.23)	
StatusRecInactive	0.34 (0.12)**	0.38 (0.12)**	
StatusRecRetired	0.44 (0.14)**	0.43 (0.14)**	
LossIncome	-0.12 (0.09)	-0.05 (0.09)	
MadeRedundant	0.25 (0.16)	0.29 (0.16)	
Vote Lega	-0.52 (0.13)***		
Vote Fratelli		-0.81 (0.10)***	
Constant	4.76 (0.26)***	4.70 (0.25)***	
Observations	1280	1280	
\mathbb{R}^2	0.06	0.09	
Adjusted R ²	0.05	0.08	
Residual Std. Error (df = 1269)	1.56	1.54	
F Statistic (df = 10; 1269)	7.52***	12.30***	

Notes:

*p<0.05; **p<0.01; ***p<0.001

Linear regression for Italy

SEs in brackets

Model 2a. Linear regressions: Health over Economy by sociodemographic and attitudinal controls and Vote for RWP

Linear regressions: sociodemographic and attitudinal controls and Vote for RWP

	Health over Economy				
	France	Germany	Italy	Switzerland	United States
GenderFemale	0.05 (0.09)	0.06 (0.08)	0.05 (0.09)	0.14 (0.09)	0.31 (0.08)***
AgeContinuous	0.003 (0.005)	0.01 (0.004)*	0.01 (0.004)**	0.01 (0.004)	0.001 (0.003)
RaceBlack					0.23 (0.14)
RaceHispanic					-0.18 (0.15)
RaceOther					-0.35 (0.16)*
EducationRMiddle	-0.10 (0.12)	-0.19 (0.13)	-0.26 (0.13)	0.09 (0.12)	-0.16 (0.12)
EducationRHigh	-0.17 (0.12)	-0.22 (0.14)	-0.24 (0.15)	-0.01 (0.10)	-0.31 (0.10)**
StatusRecStudent	-0.12 (0.39)	-0.03 (0.22)	0.20 (0.22)	0.15 (0.19)	-0.02 (0.22)
StatusRecInactive	0.09 (0.15)	-0.15 (0.14)	0.38 (0.12)**	0.10 (0.16)	-0.01 (0.11)
StatusRecRetired	0.15 (0.14)	0.17 (0.12)	0.26 (0.13)	0.20 (0.14)	0.09 (0.12)
LossIncome	0.12 (0.12)	0.14 (0.11)	0.0002 (0.09)	0.16 (0.13)	0.14 (0.10)
MadeRedundant	0.13 (0.25)	-0.79 (0.21)***	0.24 (0.16)	0.16 (0.27)	-0.15 (0.16)
GvtWellManagedHealthCrisis	0.14 (0.03)***	0.20 (0.03)***	0.27 (0.03)***	0.33 (0.03)***	0.27 (0.02)***
MoreTrustPrivateCompanies	0.01 (0.03)	-0.08 (0.03)**	0.02 (0.03)	-0.02 (0.03)	-0.09 (0.02)***
NotEnough Support Small Entrepreneurs	0.05 (0.03)*	0.06 (0.03)*	-0.02 (0.03)	0.08 (0.03)**	0.08 (0.02)***
WelfareChauvinism	-0.04 (0.02)	0.01 (0.02)	-0.03 (0.02)	-0.06 (0.02)*	-0.07 (0.02)**
TakeFromRich	0.24 (0.03)***	0.25 (0.02)***	0.13 (0.02)***	0.21 (0.02)***	0.29 (0.02)***
Vote RWP	-0.02 (0.12)	-0.42 (0.13)**	-0.29 (0.11)**	-0.47 (0.12)***	-0.86 (0.12)***
Constant	3.33 (0.37)***	2.85 (0.33)***	3.07 (0.34)***	1.81 (0.34)***	3.41 (0.29)***
Observations	1168	1405	1173	1242	1340
\mathbb{R}^2	0.12	0.21	0.23	0.23	0.51
Adjusted R ²	0.10	0.20	0.22	0.22	0.50
Residual Std. Error	1.56 (df = 1152)	1.51 (df = 1389)	1.41 (df = 1157)	1.48 (df = 1226)	1.45 (df = 1321)
F Statistic	10.10*** (df = 15; 1152)	23.90*** (df = 15; 1389)	22.80*** (df = 15; 1157)	24.70*** (df = 15; 1226)	76.10*** (df = 18; 1321)

Notes:

*p<0.05; **p<0.01; ***p<0.001 Linear regression by country

SEs in brackets

Model 2b. Linear regressions: Health over Economy by sociodemographic and attitudinal controls and Vote for other populist parties

Linear regressions: sociodemographic controls and Vote for other populist parties

	Health over Economy			
	France	Germany	Italy	
GenderFemale	0.05 (0.09)	0.08 (0.08)	0.05 (0.09)	
AgeContinuous	0.003 (0.005)	0.01 (0.004)*	0.01 (0.004)**	
EducationRMiddle	-0.10 (0.12)	-0.21 (0.13)	-0.25 (0.13)	
EducationRHigh	-0.16 (0.12)	-0.25 (0.14)	-0.20 (0.15)	
StatusRecStudent	-0.13 (0.39)	-0.04 (0.22)	0.25 (0.22)	
StatusRecInactive	0.09 (0.15)	-0.15 (0.14)	0.38 (0.12)**	
StatusRecRetired	0.15 (0.14)	0.16 (0.12)	0.28 (0.13)*	
LossIncome	0.11 (0.12)	0.13 (0.11)	-0.01 (0.09)	
MadeRedundant	0.12 (0.25)	-0.76 (0.21)***	0.27 (0.16)	
GvtWellManagedHealthCrisis	0.14 (0.03)***	0.23 (0.02)***	0.28 (0.03)***	
More Trust Private Companies	0.01 (0.03)	-0.07 (0.03)*	0.02 (0.03)	
NotEnough SupportSmall Entrepreneurs	0.05 (0.03)*	0.05 (0.03)*	-0.03 (0.03)	
WelfareChauvinism	-0.04 (0.02)	0.0004 (0.02)	-0.05 (0.02)*	
TakeFromRich	0.24 (0.03)***	0.24 (0.02)***	0.14 (0.02)***	
Vote other populist	0.08 (0.19)	0.56 (0.15)***	0.31 (0.10)**	
Constant	3.31 (0.37)***	2.82 (0.33)***	2.98 (0.34)***	
Observations	1168	1405	1173	
\mathbb{R}^2	0.12	0.21	0.23	
Adjusted R ²	0.10	0.20	0.22	
Residual Std. Error	1.56 (df = 1152)	1.51 (df = 1389)	1.41 (df = 1157)	
F Statistic	10.10*** (df = 15; 1152)	24.20*** (df = 15; 1389)	22.90*** (df = 15; 1157)	

Notes:

*p<0.05; **p<0.01; ***p<0.001

Linear regression by country

SEs in brackets

Model 2c. Linear regressions: Health over Economy by sociodemographic and attitudinal controls and Vote for the Lega and Fratelli d'Italia (Italy)

Linear regressions: sociodemographic and attitudinal controls and Vote for Lega and Fratelli d'Italia (Italy)

	Health over Economy		
	Lega	Fratelli	
GenderFemale	0.06 (0.09)	0.04 (0.09)	
AgeContinuous	0.01 (0.004)**	0.01 (0.004)**	
EducationRMiddle	-0.27 (0.13)*	-0.25 (0.13)	
EducationRHigh	-0.24 (0.15)	-0.21 (0.15)	
StatusRecStudent	0.21 (0.22)	0.19 (0.22)	
StatusRecInactive	0.38 (0.12)**	0.39 (0.12)***	
StatusRecRetired	0.26 (0.13)	0.26 (0.13)	
LossIncome	-0.01 (0.09)	0.004 (0.09)	
MadeRedundant	0.24 (0.16)	0.25 (0.16)	
GvtWellManagedHealthCrisis	0.29 (0.02)***	0.28 (0.03)***	
MoreTrustPrivateCompanies	0.01 (0.03)	0.02 (0.03)	
NotEnoughSupportSmallEntrepreneurs	-0.02 (0.03)	-0.02 (0.03)	
WelfareChauvinism	-0.04 (0.02)	-0.04 (0.02)	
TakeFromRich	0.14 (0.02)***	0.14 (0.02)***	
Vote Lega	-0.18 (0.12)		
Vote Fratelli		-0.17 (0.11)	
Constant	3.03 (0.34)***	3.04 (0.34)***	
Observations	1173	1173	
\mathbb{R}^2	0.22	0.22	
Adjusted R ²	0.21	0.21	
Residual Std. Error (df = 1157)	1.42	1.42	
F Statistic (df = 15; 1157)	22.30***	22.40***	

Notes:

*p<0.05; **p<0.01; ***p<0.001

Linear regression for Italy

SEs in brackets

¹ The authors are grateful to Hande Eslen-Ziya and Alberta Giorgi for their valuable suggestions and comments on a previous version of this chapter.

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