

# The historic failure of the EU and nationalism in the Covid 19 pandemic

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## Abstract

*Analysis of per capita death rate figures from officially recorded deaths and credible estimates of excess deaths until late 2021 shows that almost all countries in the European Union (EU) performed poorly during the first two years of the Covid 19 pandemic. This historic failure is linked to previous processes of disintegration, including the impact of prolonged austerity policies on the capacity of public health systems. Forms of nationalism that have obstructed European cooperation during the pandemic are examined, together with low levels of public satisfaction with the EU's response in core countries. A deeper cause of the EU's pandemic failure was its inability to achieve significant institutional renewal. One consequence of this failure has been to reveal the EU's weak normative power and declining global influence, shown by its inability to supply Covid vaccines to associated countries, and by its reluctance to lead a prompt, effective global vaccination effort.*

**Keywords:** Covid 19, European Union, nationalism, normative power, per capita deaths

## Introduction

The European Union (EU) was chronically unprepared for the Covid 19 pandemic, partly as a result of long-term processes of fragmentation that had been occurring within the body for a decade and a half. The best that could be said of the EU's pandemic response is that it is not as bad as the US, Russia or South America. Its performance has been overwhelmingly poor, with only a few Scandinavian countries (excluding Sweden) performing better than the world average according to the key indicator of per capita death rates. Among reasons for the EU's chronic failure during the pandemic, two factors stand out. The most obvious is the rise of nationalism in continental Europe (and the UK) that has been occurring for over a decade. That factor was prevalent early in the crisis, and has continued in the recent phase of the crisis with the huge fourth wave in Europe in winter 2021-22. Renewed nationalism is one perverse response to a deeper institutional problem, which is embedded in the predominant character of the EU as a technocratic and neoliberal project. It is the tragic combination of resurgent nationalism and this entrenched technocracy that has caused the EU's failure during the pandemic. Whereas a health crisis requiring a coordinated, cooperative response should have enabled the EU to draw on its novel strength as a 'normative power' (Manners, 2002) and lead the world in its response to the pandemic, the crisis has revealed that potential power as weak.

## The EU during Covid 19: very poor performance and inadequate preparation

A simple description of Europe's performance during the Covid 19 pandemic would be worse than expected. If a hypothetical scenario of the global impact of some virus similar to SARS had been formulated in 2019, it is probable that the predicted impact in Europe would have been something like: bad, but not as bad as other continents, because of the presumption that the standard of health care available in Europe would be broadly sufficient to cope with such a crisis. The actual situation in Europe has been substantially worse than expected, not only because of the severity of the fourth wave of Covid in late 2021. Some countries and regions elsewhere have performed worse than Europe, including South America and the US, and also India and Russia. Yet, by the end of January 2022, two years after the first Covid cases in Italy, the performance in Europe was substantially worse than East Asia, and even than parts of Africa. Although the severity of the impact of Covid across Europe has varied, the EU's overall performance has been very poor. This has been a big public policy failure for the EU.

The extent of this failure can be appreciated by looking at the key indicator for the severity of the Covid pandemic comparatively, per capita deaths. Care must be taken when assessing official figures for some countries, such as Russia, which are greatly understated, by about half, when compared to figures from the Russian statistical service, while the UK figure for deaths within 28 days of a positive Covid test was about 25,000 less than that for deaths with Covid on the death certificate in early 2022.<sup>1</sup> Although the figures for European countries are mostly reliable, different ways of calculating deaths have been used. Belgium has used a broader definition (deaths in the community of people with Covid symptoms) than the Netherlands (only deaths in hospital of people who tested positive to Covid 19). This partly explains why the per capita death figure for Belgium (2,773) was over twice that of the Netherlands (1,312) on 22 August 2022 (see Adam, 2022, and the official figures at Worldometer, 2022).

Two different sets of figures are available for assessing per capita Covid mortality. First, there are officially reported figures that are updated daily for most countries and available via the Worldometer data site. Second, there is a comprehensive set of estimated excess mortality figures covering all countries and some areas within large countries until late 2021, published in March 2022 (Wang et al., 2022).<sup>2</sup> Significant discrepancies between the two sets of figures are larger overall for eastern Europe than for western Europe, and larger for central Europe than for eastern Europe, but in some countries the discrepancies are very significant, even in western Europe (two examples noted below are Italy and Finland). The largest discrepancy unsurprisingly is in Belarus, where the real figure may be 15 times the official figure, with estimated deaths over 80,000 instead of only 5,580 (Wang et al., 2022, p. 1519). A statistical study showed overall mortality in Belarus in the first few months of the pandemic was higher than for all neighbouring countries (Kirpich et al., 2022). For this discussion official figures are used, with supplementary notes where appropriate.

The very clear story from comparative per capita death rate figures has been of widespread failure across almost all of Europe. By 22 August 2022, the world average

<sup>1</sup> UK figures are contrasted in McIntyre et al., 2022. For Russia, see Timonin et al., 2022, Kobak, 2021, and Troianovski, 2021.

<sup>2</sup> Wang et al. (2022, p. 1533) note their study is similar globally to estimates by The Economist (2022), despite big differences for specific countries (e.g. much higher deaths in Sudan).

for deaths per million from Covid 19 was 830, according to official figures (which are greatly understated because the real figure for deaths in India may be 8 times the official figure; see Wang et al., 2022, p. 1526). By 22 August 2022 only two European countries had performed better than this official world average: Iceland (517) and Norway (706), while Cyprus (940) and Finland (983) were only marginally above it.<sup>3</sup> Denmark (1,176) had been better than the official world average until it removed all mitigating measures in February 2022, when it recorded more daily deaths than in previous waves (Crist, 2022). For comparison, no other European country in August 2022 had a lower per capita death figure than Canada (1,132) or Malaysia (1,087), which had the highest official figure in East Asia until it was surpassed by Hong Kong (1,260) during the Omicron wave in early 2022 (but the real figures in Indonesia and Myanmar are much higher, while the Philippines is as badly affected as Malaysia). Although the official world average is greatly understated, these comparisons show that only those four northern European countries and Cyprus have performed well during the first two years of the pandemic. On official figures, the Netherlands is the next best EU country after Denmark, but using excess deaths it is worse than Germany, while the estimated excess death rate for Germany is twice that of Canada (Wang et al., 2022, pp. 1520-1522). Using estimates of excess per capita death rates, the average figure for western Europe (1,400 deaths per million) is similar to North Africa and the Middle East (1,447), and higher than all the areas of sub-Saharan Africa except for southern Africa (3,086; see Wang et al., 2022, pp. 1521, 1526, pp. 1528-1529).

A revealing comparison is with Japan, where there is a significant discrepancy between the officially reported deaths from Covid 19 and a larger excess mortality figure. This may be explained by an increase in the suicide rate in Japan during the pandemic, and by limited testing. Japan is demographically more vulnerable than most countries to a disease such as Covid, because 28% of its population is over 65, compared to the EU average of 21% (the Australian figure is 16%, similar to South Korea). After a very bad Covid wave connected with the Olympics in the summer of 2021, Japan controlled its Delta wave in autumn 2021 before a bad Omicron wave surged in early 2022, with daily deaths by late February much higher than in previous waves. By 22 August 2022 the per capita death rate from Covid 19 in Japan was 295 per million, below New Zealand (522), Australia (511) and South Korea (508), and above Singapore (266), but well below the best EU country, Cyprus (940). Even including excess deaths in Japan during the pandemic not recorded as from Covid, during 2020 and 2021 only Iceland, Norway and Cyprus had a lower per capita death rate than Japan, where many deaths were not recorded as officially from Covid in the first wave, when Covid testing was much more limited in Japan than in South Korea (Wang et al., 2022, p. 1520).

After two years of the Covid pandemic, no large European country performed better than very poor, when judged by comparisons with East Asia. Germany performed better than France in earlier waves of the pandemic, but no better in the fourth wave in autumn and winter 2021. Its larger population meant that, before the Omicron wave, its somewhat lower second dose vaccination rate (68% of its total population compared to 70% in France in late November 2021) had left a larger number of unvaccinated people very vulnerable to infection. This situation was compounded by much lower two

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<sup>3</sup> According to Wang et al. (2022, p. 1521) Finland is the EU country with the biggest discrepancy between officially reported Covid 19 deaths and excess deaths during the pandemic. Yet, even using the higher figure for Finland given by Wang et al., Finland performed somewhat better than Denmark. A detailed analysis of EU countries' responses to Covid 19 published in October 2021 had Finland as the best (Ceron & Palermo, 2021, p. 15).

dose vaccination rates in nearby central and east European countries (e.g. 53% in Poland as at 23 November 2021, which increased to 59% by mid-March 2022). A big problem with the continuing spread of Covid 19 in central Europe in early 2022 was made much worse by the humanitarian outflow of refugees from Ukraine because of Putin's disastrous invasion of Ukraine, which occurred within three weeks of Ukraine recording its highest daily caseload, on 4 February (OECD, 2022).

Climatic factors have contributed to the intensity of a Covid wave, especially before Omicron, together with vaccination and basic precautions such as mask wearing, which is "the single most effective public health measure at tackling Covid" (Gregory 2021, p. 1; see Brooks and Butler, 2021, p. 998; and Kwong, 2021). Spain was affected severely in the first wave, and Portugal in the second wave during the winter of 2020-21, but two-dose vaccination rates in both countries became the highest in Europe, at 86%, after Malta at 92%.<sup>4</sup> Vaccination has been a key protection. The Mediterranean country with a substantially lower rate, Greece (at 71%, less than Italy at 79%) was the southern European country that was most affected by the fourth wave.<sup>5</sup> Although few politicians have managed to communicate this effectively, Covid is like an exhausting, collective marathon. Countries that perform very well early on can suddenly drop back because of poor decisions, or pervasive ignorance among significant sections of their population, often compounded by low levels of trust in government. Sweden was a peculiar case, in which public health officials caused an inadequate response that the Prime Minister, Stevan Lofven, eventually called a "failure" (Paterlini, 2021, p. 1). Sweden belatedly introduced mitigating measures after performing much worse than neighbouring Scandinavian countries. Epidemiologists have estimated that, had Denmark adopted policies like Sweden, mortality there from Covid would have been at least three times worse (Mishra et al., 2021). Along with Greece, the Netherlands and Austria, Sweden has the lowest vaccination rate among the 15 countries that comprised the European Union before the eastern enlargement, just behind Britain.

It is no coincidence that all five European countries that have managed Covid 19 relatively well are small, with populations less than 6 million (Denmark, Finland and Norway) and that the two smallest countries (Cyprus and Iceland) are islands.<sup>6</sup> It is also no coincidence that the two best performing European countries (Iceland and Norway) are relatively isolated and not part of the EU. The Covid response in Iceland and Norway has not been limited by being outside the EU. Yet the very poor response of the British government (with an official per capita death rate of 2,724 at 22 August 2022, the fourth worst in Western Europe after Greece, Italy and Belgium) shows that a separation from the EU was no guarantee of success. Indeed, a joint report from the UK House of Commons Health and Social Care and Science and Technology Committees highlighted the fact that scientific advice to the British government ignored the experience of scientists elsewhere grappling with the same emergency as one of many reasons for Britain's failed Covid response (House of Commons, 2021,

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<sup>4</sup> Figures are for June 2022 but high vaccination rates had been achieved in Portugal and Spain by late 2021. Yet by June 2022 third dose rates were higher in Italy (67%), Germany (66%) and Belgium (64%), with Denmark and Portugal similar (63%) and Spain (53%) lagging behind France (57%) and Greece (56%), while Malta was at 77%. See New York Times, 2022.

<sup>5</sup> By 22 August 2022 the official per capita Covid death rate in Greece (3,105 per million) had exceeded Italy's (2,900). Yet Wang et al. (2022, 1522) estimate that per capita excess deaths in the pandemic were much higher in Italy (2,274) than in Greece (1,271) at the end of 2021, because of many more deaths in Italy in the first wave.

<sup>6</sup> The official per capita death rate for Cyprus at 22 August 2022 of 940 would not include the Turkish occupied northern part of Cyprus. The official per capita death rate for Turkey was 1,164 at 22 August 2022, but something like that was already the estimated excess death figure there by late 2021, before the Omicron wave (Wang et al., 2022, p. 1526).

p. 59, recommendation 160). The report noted that “many thousands of deaths” in the UK were caused by the transfer of Covid patients from hospitals to care homes without proper, rigorous infection controls, such as were implemented in Germany and Hong Kong (House of Commons, 2021, p. 8). Britain was even less adequately prepared for the Covid pandemic than most of the EU’s Member States.

The reasons for the EU’s inadequate preparation for the Covid pandemic are many. Among the significant factors was the failure of the EU to properly appreciate, and learn from, the global relevance of experiences of East Asian countries with SARS some years before. While the EU has been interested diplomatically in East Asia in recent decades, the interest has been primarily mercantile and one-dimensional, ignoring any broader societal learning. Discussion has focused on whether the EU is a good “model of regional integration” with lessons for ASEAN (Weissmann, 2013, p. 11), ignoring what the EU as a supra-national institution might learn from East Asia. This failure to learn from East Asia did not simply reflect the EU’s limited competence in deciding public health policy, which has been deliberately left primarily to Member States (Greer et al., 2019, p. 64). Significantly, in 2013 the European Council and Parliament formally decided to “develop, strengthen and maintain” Member States’ capacities to respond urgently to “serious cross-border threats to health” (European Council and Parliament, 2013, article 4). Clearly, very little was actually done. Even maintaining adequate stockpiles of Personal Protective Equipment (PPE) was not done, while the key tasks of maintaining and adequately resourcing public hospital systems that could cope during a crisis were postponed. France, for example, had a stockpile of 1.7 billion masks in 2011, but only 117 million (less than two per citizen) existed in early 2020 (Boffey et al., 2020). As Greer et al. (2019, p. 84) noted, before a crisis the EU Member States found it “hard to find energy for collective action”, and while a crisis might prompt urgent if belated action, it could also lead Member States to “merely fall into recriminations and local initiatives”, instead of focusing on increasing cooperation.

Even allowing for the extent to which EU Member States have jealously guarded the priority of managing their national health systems as they wish, the EU itself was very unprepared for the severity of Covid 19, when judged according to the commitment it made in 2013. Across the EU, there were two key causes of poor preparation in line with the 2013 decision, one structural and longstanding and the other conjunctural, that is occurring at the start of the crisis. The structural factor was a widespread underfunding of public hospital systems across the EU in the decade before 2020, especially because of austerity policies that the European Commission and Council had imposed on Member States, often compounded by privatisation. Privatisation was a key factor common in failures in countries with very different social and demographic profiles, such as Italy and Sweden. Overall, it is no surprise that the EU country outside central and eastern Europe (which generally have higher per capita death rates) with the worst performance on official per capita death rates has been Greece (though, as noted above, Italy may actually be worse). One condition required by the so-called bailout imposed by the European Commission upon Greece was that health expenditure in Greece had to be reduced “to less than 6% for public expenditure in 2012”, when the mean for this figure in the EU was 15% (Economou, 2014, p. 12). The German Chancellor, Angela Merkel, told the Greek Prime Minister in late 2011 that there “is no such thing anymore as domestic policy making” in the Eurozone (Pitty, 2014, p. 133), a broad point she reiterated in May 2020, saying that “Europe must act together, the nation-state alone has no future” (Tooze, 2021, p. 185). Consequently, there has been a strong element of EU responsibility, due to the collective imposition

of austerity policies during the Eurozone crisis, for the poor performance of some EU Member States in managing the Covid pandemic.

The second, conjunctural factor leading to poor performance across the EU in the first phase of the Covid pandemic was pressure from business to delay an urgent public health response. Business pressure contributed substantially to the severity of the first wave of the pandemic in Lombardy (Horowitz, 2020). This pattern was repeated many times across continental Europe and the UK, contributing to very many preventable deaths. Although diplomatically the EU supported the WHO, which was attempting to coordinate an effective global response to the pandemic despite opportunistic attacks from US President Trump, key EU institutions did not effectively resist business pressure to delay urgent mitigating public health measures. Most EU Member States (except Sweden) eventually introduced such measures before the British government did (thus the British lockdown occurred on 23 March 2020, two weeks after the Italian lockdown and 13 days after Portugal had suspended flights from Italy), but precious time was lost in responding adequately to the first wave. This reflected broader processes of fragmentation that had been occurring within the EU for over a decade.

### **The background to the EU's Covid failure: long-term processes of fragmentation**

In the years before the Covid pandemic arrived in Italy in late January 2020, the EU faced major pressures of disintegration, the result of the combination of five different major crises: (1) an external crisis: the big refugee flow in 2015-16 into Europe, which was still in recession; (2) a southern crisis: a brutal artificial depression in Greece, the most severe in the Mediterranean; (3) a related northern crisis: the perpetuation of a divisive currency to help northern banks; (4) a western crisis: the prolonged, difficult divorce of Brexit with rising nationalism; and, finally, (5) an eastern crisis: insecurity on the EU's eastern border, arising from Russia's conflict with Ukraine (cf. Tooze, 2021, p. 6). This last crisis overshadowed the Covid crisis in February 2022 as a result of Putin's invasion of Ukraine, which occurred when most EU states (and the UK) presumed the worst of the Covid pandemic was over, seeing the disease as now predictable (for that view see Charamulind et al., 2022; and MacIntyre, 2022, for an alternative view).

All these crises had long gestation periods. The first four had preoccupied the EU for years, contributing to its failure to prepare for a global health crisis that experts had warned was likely (Horby et al., 2013). Those four crises contributed to long-term processes of fragmentation within the EU. Whereas the period from 1992 to 2004 can be described as one of extending EU integration, the period after 2005 (starting with the failure of the Constitutional Treaty referenda in France and the Netherlands) was characterised by increasing disintegration, with growing divisions in the Eurozone (Kahn, 2021, p. 2). Consequently, the EU was a weakened confederation when the pandemic arrived. In particular, the prolonged social and economic effects of the Eurozone crisis had depleted the capacity of public institutions in many EU countries to respond to the urgent need to protect people from Covid 19. As public health scholars commented in April 2020, "public health systems in several EU countries – still with reduced capacity due to austerity measures – face important limitations in effectively responding to the pandemic" (Bozorgmehr et al., 2020, p. 247). While the EU managed, relatively quickly, to formulate an economic response to the pandemic that

Jones (2020) describes as “failing better” than it did during the Eurozone crisis, partly as a result of a shift to a flexible German policy regarding accepting common European debts, this does not gainsay the EU’s overall poor performance. In early 2020 the European Council was distracted by budget negotiations, and the final saga of Brexit, as was the media. The first Commission press conference on Covid (on 29 January 2020) was sparsely attended. The Commissioners for Crisis Management and Health and Food Security talked to an almost empty room, three weeks after the EU’s Early Warning and Response System had begun sharing information (Boffey et al., 2020). The European Council meeting on 20-21 February discussed a Syrian government attack on Idlib, but not the looming pandemic (European Council, 2020; Marchi, 2022, 21). The first Covid deaths in Italy occurred the next day, 22 February.

One year later the Eurobarometer 95 surveys, conducted in March and April 2021, showed widespread public dissatisfaction with the EU. Despite the gloss put on the overall results, the figures for particular countries showed chronic and deep-seated problems. In answer to a question about satisfaction with the EU’s response to the pandemic, 50% said they were dissatisfied and 48% satisfied, with 2% uncertain. Beneath these averages they were substantial differences across countries in the EU. The highest satisfaction levels were in Denmark, the Netherlands, Malta and Sweden, with satisfaction levels higher than two thirds of respondents. Significantly, the two lowest levels of satisfaction were in Germany and France (both 35%), which were worse than Greece (41%). The fact that only a third of respondents in the two leading EU countries were satisfied with its response to the pandemic highlights the extent of the EU’s problems (European Parliament, 2021b, pp. 60-61). In a subsequent survey conducted in June and July 2021 (when case numbers had declined substantially) the figures for those satisfied with the EU’s response had increased to 43% in France and 40% in Germany. However, trust in the EU as an institution remained low in both countries, at 36% in France (as low as in Greece) and 47% in Germany (European Commission, 2021b, pp. 5, 11, 32). By Eurobarometer 96, in early 2022, broad trust in the EU in Germany had stabilised at 48%, but had fallen in France to 32%, even lower than in Greece, at 39% (European Commission, 2022, 10). Yet satisfaction with the EU’s response to the Covid pandemic in Germany, at 40%, was little higher than in Greece, at 38%, or in France, at 36% (European Commission, 2022, p. 34).

## **The direct cause of the EU’s Covid failure: resurgent nationalism in different forms**

The most apparent cause of Europe’s failed response to the Covid pandemic is the rise of right-wing nationalism in Europe in recent decades. This had been expressed in previous crises, such as the refugee crisis of 2015-16, but nationalism has been more destructive in the current health crisis. It has been expressed in different forms but has arguably become a more serious problem the longer the pandemic has lasted. Two different forms of nationalism are protectionism in terms of government policy, whether temporary or prolonged, which has been called “medical nationalism”, and the rise of xenophobic attitudes that scapegoat particular groups (such as people of Chinese or other Asian ethnicity) for what is a global pandemic (Wang, 2021, pp. 25, 30). While both forms of nationalism are serious, the latter has been gradually transformed into a very dangerous set of attitudes that could be called Covid denial nationalism, which has been widely promoted across the internet through perverse

conspiracy dogmas (for a historical account of such dogmas during pandemics, see Malesevic, 2022).

In a survey in May 2021 about vaccines, only 72% of Europeans believed vaccines authorised in the EU are safe, while 18% believed they are unsafe and 10% were unsure. There was a lot of variation across countries, with vaccine scepticism greatest in eastern Europe, but 24% of those surveyed in France and 16% in Germany believed EU vaccines to be unsafe (European Commission, 2021a, p. 30). While a small minority of Europeans protested against sensible public health measures during the fourth wave of the pandemic, the large residual scepticism shown by these figures explains why vaccination rates in much of Europe remained inadequate throughout 2021, including in Germany (with a two-dose rate of 68% on 24 November 2021), Austria (66%) and more so in the countries further east. Such low rates led to many avoidable Covid deaths, though Germany's two-dose rate had increased to 78% by June 2022. Excess death rates per capita during the pandemic have been more than twice as high in central and eastern Europe as in western Europe (Wang et al., 2022, pp 1519, 1521).

A basic reason for the prevalence of nationalism in contemporary Europe is the widespread distrust in public institutions. A few years before the Covid pandemic, in 2017, less than half of all citizens in Europe trusted the EU and its institutions, a situation greatly influenced by negative media coverage in the previous decade (Brosius, van Elsas, & de Vreese, 2019, p. 57). There was little improvement by May 2021, when 47% of Europeans were satisfied with how the EU had handled the pandemic, and 46% with the performance of national governments (that figure was less than a third in eastern Europe and highest in Malta and Portugal, the two countries with the highest rate of vaccination in Europe; European Parliament, 2021c, p. 4). Whereas governments elsewhere got a temporary boost to their ratings of public trust during the pandemic, the EU experienced a slight decline in public trust, due to its delay in acquiring vaccines (Dennison & Puglierin, 2021, p. 3). This was reflected in the May 2021 survey about how well the EU had managed its vaccination strategy for Covid 19. The average overall for all 27 EU countries was 47% satisfied with the EU's performance and 45% dissatisfied, but most opinion was negative in France and Germany, where only 36% and 33% respectively were satisfied with the EU's vaccination performance (European Commission, 2021a, p. 40).

Medical nationalism was an acute problem in Europe in the first wave of the pandemic, when the European countries initially most affected by the health crisis (Italy and Spain) requested urgent medical assistance from other EU countries, which was denied (Boffey et al., 2020). There was a scramble for ventilators, which were urgently needed by Italy and Spain but not offered by other countries that were less affected by the pandemic then, because of the risk that they too might soon run short of urgent medical supplies. In the first two months of the pandemic, at least 15 EU countries imposed temporary export restrictions on medical supplies and medicines, including masks, PPE, ventilators, chemicals, sanitation products and other medical supplies (Boffey et al., 2020). In early March 2020 Germany "banned the export and intra-EU transfer of medical protection gear such as breathing masks, medical gloves, and protective suits to ensure local needs", while the German Interior Minister, Horst Seehofer, reframed the crisis as "a question of national security" (Wang, 2021, p. 25). This was a profound failure for the EU, which constrained international cooperation and undermined solidarity. Although the European Commission soon asked member states to halt export bans and then arranged for joint procurement of medical supplies, it had

initially “remained silent” when the critical deficit of medical supplies occurred (Marchi, 2022, p. 21). Subsequently, international cooperation returned, with German medical teams treating Covid patients in Portugal in the winter wave in 2020-21, and German hospitals accepting Covid patients from France, Italy and the Netherlands (Fraundorfer & Winn, 2021, S13). Yet, early in the crisis, it was revealing that Italy received urgent medical aid from Cuba (which provided 52 medics to Lombardy) while solidarity was lacking from wealthy, neighbouring EU States (Gillies-Lekakis, 2021).

The first wave of the pandemic showed that the EU was caught napping by the crisis, with core Member States (including France and Germany) reverting quickly to nationalism instead of responding cooperatively. One conclusion with broad implications that seems clear is that “intra-EU solidarity has been brittle” during the Covid pandemic (Bieber, 2022, p. 20). This is crucial, because social solidarity is the first of the second-level norms that Manners (2002, p. 242) viewed as underpinning the EU’s supposed “normative power”, supplementing what he termed its core norms (peace, liberty, democracy, the rule of law and human rights). Manners (2002, p. 243) described solidarity as “an important counter-measure to the drive for liberalization” that had characterised the EU since the Maastricht Treaty, leading to the creation of the Euro. This designation is revealing. The fragility of that counter-measure was apparent during the Eurozone crisis, when responses to that crisis were “frequently based on national rather than common European interests” (Siani-Davies, 2017, p. 338). While the EU is much more influential than the European Community was 40 years ago, when Bull (1982, p. 151) argued that its “various committees, assemblies and secretariats” had only “a minor role” in fostering cooperation in international affairs, the EU’s response to the Covid pandemic has highlighted the limits of its institutional capacity to pursue common European interests.

## **The deeper cause of Europe’s Covid failure: the failure to reform the EU’s institutions**

Behind the resurgence of nationalism in Europe lie deeper problems with the character of the EU, in particular its long-standing democratic deficit. For many years there has been a chronic gap between the technocratic character of the EU, which limits political accountability, and the aspirations of most Europeans. In April 2021 the European Council on Foreign Relations conducted a large survey in nine West European countries plus Poland, Bulgaria and Hungary. Respondents were asked to choose among five alternative visions for the EU. The one saying that the EU should be “a beacon of democracy and human rights”, including “within its own ranks”, received by far the most endorsement, supported by a third of all respondents. The option limiting the EU to a common market received the second lowest support, at 15%, just above the Eurosceptics who want to dismantle the EU, and marginally below the strong confederalist view of “keeping nation states strong”. A militarist option, saying the EU should be “one of the world’s great powers”, defending itself militarily against external threats, had the second highest support at 18%, well below the need for the EU to improve its democracy (Dennison & Puglierin, 2021, p. 16). That level of support was surprising, since there was no widely perceived external military threat to the EU as a whole before Putin invaded Ukraine.

The threat from the EU’s lack of internal democracy is substantial. The issue is not only about the EU’s legitimacy in the context of declining levels of public trust (Kratochvil

& Sychra, 2019, p. 178). It is also about the adequacy of public policy, especially during a crisis. The EU's democratic deficit has facilitated the pursuit of austerity policies, which have restricted health services in Member States. Inadequate health funding led to a shortage of health care workers, which was one of the "chronic points of blockage" that diminished the ability of European health systems to respond adequately during the pandemic (European Parliament, 2021a, p. 9). In March 2021 the European Council and Parliament adopted a new health program, which included creating a reserve capacity of healthcare staff and experts who could be mobilised across the EU. While the regulation outlining this program noted that an adequate response to a pandemic "cannot be sufficiently achieved by Member States acting alone", and it affirmed "a spirit of European solidarity", the role of austerity policies in contributing to the EU's poor preparation for the Covid pandemic was ignored (European Council and Parliament, 2021, preambular paragraphs 6 and 53). Yet an analysis of the performance of EU Member States in the pandemic concluded that austerity policies had widened "the core-periphery fault line" in the EU, producing generally worse outcomes in the countries of the European South, which were mostly left to shoulder the health and economic tragedy of the pandemic "alone" (Ceron & Palermo, 2021, p. 20). European solidarity was affirmed bureaucratically during the Covid pandemic, but in practice it was too little and too late.

The deeper cause of the EU's failure during the Covid pandemic lies in the failure of major reform to occur in the EU over the past two decades, ever since the German Foreign Minister, Joschka Fischer, emphasised the urgent need to change the old, technocratic "Monnet method" of European integration in 2000. The EU has failed for 20 years to move toward becoming a stronger federation, as Fischer (2000) urged. Its democratic deficit has grown as the number of major crises it faces has increased. The gap between public expectations about the need for enhanced cooperation and the EU's performance has grown. The old, functionalist approach that Fischer criticised presumed that economic integration in one area would spill over into other areas, with the EU becoming stronger as a result. This has not occurred, largely because of divisions that deepened during the Eurozone crisis, when key decisions were made behind closed doors (Varoufakis, 2017, p. 483). During the pandemic there has been little sense of a common European policy, apart from the belated procurement of vaccines, which reflected poor contractual deals with vaccine companies and arrived with delays in the critical early months of 2021 (Kampmark & Kurecic, 2022, pp. 13-14). According to the European Council on Foreign Relations survey in April 2021, "disappointment with EU institutions has now come out of the periphery and gone mainstream", including in France and Germany. The report of this survey said that most European citizens "accept the need for greater cooperation and solidarity at a European level" but doubt the capacity of the EU to deliver this (Dennison & Puglierin, 2021, pp. 2-4). Such doubt accords with the findings of a detailed analysis of the EU's response to the pandemic. This stressed the need for "deeper coordination" in health reform but doubted the EU's capacity to achieve major change (Ceron & Palermo, 2021, p. 21). Such disappointment does not mean "the EU itself may risk becoming another casualty of Covid 19", as suggested in a report of that April 2021 survey (European Council on Foreign Relations, 2021). However, there is widespread disappointment with the EU's response to the pandemic, together with broad societal divisions, such as greater suspicion of sensible health precautions among younger European citizens (Krstev & Leonard, 2021, p. 8).

Recognising the extent of the EU's failure in its response to the Covid pandemic does not imply that the EU will disintegrate. Elements of integration and disintegration will continue to coexist (Leigh, 2020, p. 4). The optimistic view is that the EU has responded to the crisis that the pandemic created more effectively than it responded to several previous crises starting in 2005, when there was no political revival of the project of European integration. The main claim by the optimists is that, in the first few months of the pandemic, the EU agreed on an economic recovery plan that was not constrained by the Maastricht criteria stringencies and the old prohibition on common debt (Kahn, 2021, p. 2; Ferrera, Miro & Ronchi, 2021). Other evidence is that, despite the delay in acquiring vaccines, the EU ensured, through collective purchases, a consistent supply of vaccines across the EU, so by late 2021 68% of the EU's population had received two doses (Kahn, 2021, p. 3). The pessimistic view is that, despite those agreements, there has been no shift during the pandemic towards giving the EU the capacity to deal directly with such a crisis, in line with public expectations (Ceron & Palermo, 2021, p. 21). Health outcomes have depended primarily on national policies, which have reflected the deep legacies of austerity policies much more than the brittle solidarity of EU cooperation. Proponents of the optimistic view claim that a renovation of the Monnet method is sufficient to provide a basis for a new level of European integration (Leigh, 2020, p. 1). This is disputed by the pessimists, who claim the EU missed a historic opportunity to demonstrate unity and solidarity in the face of a common danger, by acting proactively (as soon as the looming crisis became evident) to create a central health fund to sustain extensive emergency health services, while also supporting people economically throughout the pandemic (Varoufakis, 2021).

There is one point of agreement between the EU optimists and the EU pessimists about the implications of the pandemic for Europe's global role. This is that the pandemic has shown "the decline in Europe's influence in the world", particularly in the use of aid to help ensure adequate global vaccination (Kahn, 2021, p. 4). At its December 2021 meeting the European Council proudly affirmed the EU's role as "the biggest donor and exporter" of Covid vaccines in the world (European Council, 2021, para 4). Such pride was misplaced, for two reasons. First, it ignored the fact that several countries with strong links to the EU, including Serbia, Morocco and Ukraine, had to rely on vaccines supplied from Russia, China and (in Ukraine's case) India, instead of from the EU (Kahn, 2021, pp. 4-5). Second, it ignored the EU's opposition, led by Germany, to proposals to waive patent rights over Covid vaccines to ensure accelerated global vaccination. Germany's opposition to such a waiver continued for 10 months after the US accepted this move in May 2021, although only 16% of people in Africa had received any Covid 19 vaccine by February 2022 (Gonzalez, 2022).<sup>7</sup> In November 2020 the EU's chief diplomat, Josep Borrell (2020), made a promise of "vaccine multilateralism", which the EU has dishonoured. This has diminished the EU's standing in the Global South (Balfour et. al., 2022). Cynically, the German company that created the Pfizer Covid vaccine, BioNTech, tried to dissuade South Africa from locally producing an mRNA Covid 19 vaccine (Davies, 2022). BioNTech had received substantial EU funding for its technological work (Storeng et al., 2021), but the EU still did not put common global interests ahead of corporate interests. While a compromise agreement on waiving patents was reached in March 2022 (Visontay, 2022), the journal *Nature* in an editorial said then that the EU "needs to go further and faster in embracing a

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<sup>7</sup> This is evident on a map showing levels of Covid vaccination globally (The New York Times 2022). Africa stands out as the main area of low vaccination, along with Papua New Guinea, Afghanistan, Syria, Iraq, Kyrgyzstan, and parts of south eastern Europe (including Ukraine). In June 2022 only Botswana, Morocco and Tunisia in Africa had third-dose rates above 10%, and the third-dose rate in Ukraine was lower than the 2% rate in Namibia.

temporary waiver on COVID-19 intellectual property” (Nature, 2022, p. 764). The delay reaching that agreement contributed to the deplorable fact that Africa’s vaccination rate remains far below that of every other continent, leading to a huge discrepancy between reported and actual deaths from Covid that is greater in Africa than elsewhere (Wang et al., 2022, pp. 1528-1529). The scale of excess deaths in sub-Saharan Africa is estimated at over 2 million, which is comparable to excess deaths in central and eastern Europe combined, and nearly twice the estimated excess deaths in western Europe (Wang et al., 2002, pp. 1519, 1521, 1528).

## **Conclusion: Normative Europe exposed – the global implications of the EU’s failure**

The EU is a self-styled normative power, rather than a traditional power, able to influence states and inter-governmental organisations partly by the example of its cohesive cooperation. The Covid 19 pandemic has shown that power to be weak. Compared to a crisis involving force and many strategic miscalculations, such as Putin’s invasion of Ukraine, the pandemic should have been an opportunity for the EU to demonstrate the value of cooperation. With the pandemic in Europe now overshadowed by the atrocities perpetrated by Russian forces in Ukraine, the lessons of the EU’s failure to prepare for, and adequately respond to, the new type of global security crisis that the pandemic presents still need attention. One lamentable lesson is that, when faced with a transnational human security challenge of the kind that has resulted from ‘managing interactions with nature’ (Steinbruner, 2000, p. 20), the EU performed poorly. Indeed, so poorly that, for all the various perspectives and divergent interests involved in the EU formulating a united response to Putin’s aggression in Ukraine, the EU response to that crisis has been more coherent and effective than its response to the Covid 19 pandemic.

The prospect of a pandemic occurring had been known for many years. The EU had made a pertinent decision in 2013 on preparing for such a major health crisis, but complacency and broader institutional failures meant that was not implemented. Consequently, the EU was very poorly prepared for the urgent challenges posed by Covid 19. This occurred because of the rising problem of nationalism in Europe, and because of austerity policies, combined with the EU’s failure to engage in substantive institutional reform in recent decades. It is no solace for the EU that the scale of its Covid failure was not as bad as the US, Russia, the UK or South America. Europe, and the countries of the Global South, needed the EU to be much better prepared, and to demonstrate the value of urgent cooperation. By muddling through this health crisis, the EU missed a historic chance to help the world greatly limit the dreadful impacts of Covid 19.

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