

# Eastern Europe and the Balkans remain coronavirus hotspot

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In recent months, the countries of Eastern Europe and the Balkans have been particularly badly hit by the coronavirus pandemic.

Across Europe, the number of new daily infections has exceeded 200,000 since March, as high as at the previous peak in November 2020. Before that, the numbers had dropped somewhat due to various uncoordinated national lockdown measures. Over one million people have died from COVID-19 in Europe so far.

Under these conditions, all governments have made it clear they will no longer take any significant containment measures. Hiding behind a patchy rapid testing system and disastrous vaccination campaigns, they are relying on a naked policy of “herd immunity.” Despite incidence figures between 100 and 400 per 100,000, they are keeping schools, day-care centres, shops and businesses open.

It is striking that in all Eastern European countries between Estonia and Greece, the seven-day incidence rate for new infections per million is above 200. The worst-affected countries are Croatia (379), Serbia (271), Hungary (262), Poland (253), Slovenia (238) and Estonia (237).

The region also stands out in terms of deaths per 100,000 inhabitants. Except for Belgium (206), only Eastern Europe and Balkan countries figure in the top 10. The Czech Republic (269) is followed by Hungary (266), Bosnia (245), Montenegro (232), Bulgaria (223), Macedonia, Slovakia, and Slovenia. Italy (196) and Britain (192) follow, as the European countries with the next highest death rates.

The Eastern European countries all have one thing in common: following the introduction of capitalism three decades ago, their relatively well-functioning health care systems were sacrificed on the altar of profit and

ruined.

The Stalinist regimes established after the Second World War repressed the working class and represented the interests of a privileged bureaucracy. However, the socialisation of the economy nevertheless made possible a wide range of basic medical and educational services that went far beyond the level of comparable capitalist countries. In terms of the number of doctors and beds per inhabitant, the economically weaker countries of Eastern Europe were at Western European levels, and thus higher than American and Asian countries.

The destructive role of the Stalinist bureaucracy meant the economic potential of the planned economy was never fully realised. Mismanagement and corruption increased rapidly in later years. Added to this were the insoluble internal contradictions of the Stalinist regimes, which pursued a policy of economic autarky but were nevertheless dependent on the global economy. At the end of the 1980s, the Stalinist apparatchiks running these states finally reacted as Leon Trotsky had predicted in 1936, by introducing capitalist conditions and transforming the former “people’s property” into their own private property.

The oligarchy that emerged in this orgy of self-enrichment has since imposed one “reform” after another for the benefit of the banks and corporations. With entry into the European Union, privatisation and cuts in state spending accelerated further.

Until the 2000s, hospital bed coverage was still above the EU average of 660 beds per 100,000 inhabitants in many former Eastern bloc countries. In Hungary, Slovakia, Poland, and Romania it was about one third higher, in the Czech Republic and Lithuania even two thirds. In terms of staffing, however, these countries were already worse off than the European average,

which was 390 doctors per 100,000 inhabitants. In Poland, Latvia, Hungary, and Slovenia the corresponding number was less than 300, in Romania only 189.

The EU average for health expenditure as a share of gross domestic product in 2001 was 8.5 percent or \$2,230 per inhabitant, whereas in most Eastern European states it was only between four and six percent, or \$270 (Romania) and \$900 (Hungary). Only Slovenia and the Czech Republic spent \$1,200 per inhabitant.

It is therefore not surprising that the statistics on life expectancy tell a clear story. For example, the life expectancy of a new-born child in Eastern Europe is 69 (men) and 79 (women) years, compared to 79 and 84 years in Western Europe. For men with lower educational attainment (and thus lower incomes), life expectancy is four years less than for upper-class men.

Decades of persistent underfunding of hospitals is now making itself felt through chronic staff shortages and outdated equipment. Eastern Europe's lead in the number of hospital beds as a percentage of the population has now also fallen victim to the cuts, with tens of thousands of beds being axed. The steady population decline, also a result of the ongoing social cuts, somewhat hides the actual decline in the statistics. But if many Eastern European countries are still above the EU average, this is mainly a result of serious cuts throughout European health systems.

Ireland or France, for example, have halved their bed capacities since 1990 to 300 or 600 per 100,000 inhabitants. In Scandinavian countries such as Sweden or Finland, with their once highly developed social systems, only a fifth of the bed capacities of 1990 remains—220 or 320 beds per 100,000 inhabitants.

The cuts in East and West are closely interrelated. Cutback programmes and austerity measures are dictated by the EU and the major powers that set the tone within it, and these also impose cuts in their own health care systems at the expense of the former Eastern Bloc countries.

For example, without the mass immigration of qualified medical personnel from Eastern Europe, the Western European health system would already have sunk much further because of the permanent pressure to save money. Tens of thousands of well-trained doctors, nurses or caregivers left their home countries in the

East with the prospect of a better income and better working conditions in the West. But even at their new workplaces, they are caught in the downward spiral in health systems, whose murderous consequences have been made particularly clear by the pandemic.

Drawing the mortality rate on a map of Europe, the “Iron Curtain” reappears, the *Süddeutsche Zeitung* noted years ago and asked: “So is Europe’s unity failing when it comes to health?” The clear answer is: No, Europe’s health and the unity are failing because of capitalism.



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