Covid-19 and Democracy, First Cut Policy Analyses: Country Case Studies

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Editor: Dr Peter Finn

Contributors: Associate Professor Radu Cinpoes, Dr Peter Finn, Associate Professor Atsuko Ichijo, Dr Robert Ledger, Dr Nevena Nancheva, Dr Robin Pettitt, Dr Ronald Ranta

Foreword by: Professor Javier Ortega
Executive Summary

This report examines the intersection between political and policy responses to Covid-19 across 8 democracies (the UK, Germany, Romania, Bulgaria, Israel, Japan, Taiwan, and the US). In doing, it provides first-cut analyses of the early stages of the Covid-19 pandemic. This executive summary highlights 6 policy learning points and 3 key findings (two empirical and one methodological).

Policy Learning Points

Politics Matters: There have been calls from some to 'keep politics out of' responses to the Covid-19 pandemic. Yet, such calls are impossible to implement. As this report details, politics can have both positive and negative effects on policy, but to avoid discussing it is foolhardy, and would leave one with an incomplete picture.

Local, National and International Politics: The relationship between (democratic) politics and policy during the Covid-19 pandemic has played out at various levels. Locally, sub-par regional health management has contributed to poor responses in some instances, while coordination between elected officials has aided initially sound responses in others. At a national level, factors such as pre-existing political divisions, national prestige and geopolitics have also affected responses.

Interconnectedness: The Covid-19 pandemic has demonstrated how global health crises can become intertwined with complex and globally diffused operation and ownership structures. Such structures generate policy dilemmas stemming from opacity over responsibility.

Prior Experience, Legislative and Bureaucratic Apparatus and Health Care Capacity: Several case studies illustrate the value of both experience in dealing with similar events and the presence of pre-existing legislative and bureaucratic apparatuses, as well as the benefit of additional health care capacity and forward planning.

Pre-Existing Prejudices and Disparities: One aspect of the Covid-19 pandemic documented in some case studies is the formulation of policies based on, or that (deliberately or not) exacerbate, pre-existing prejudices and disparities. As importantly, infection and death rates have mirrored pre-existing social disparities. Moving forward, policymakers should avoid decisions and language that, deliberately or not, reflect existing prejudices. They also need to understand how and why pre-existing disparities are reflected in transmission and death rates.

Little room for complacency: Even where initial responses to the Covid-19 pandemic have been sound, there is little room for complacency.

Key Findings

Diversity of experience: Democracies have experienced Covid-19 in diverse ways. This diversity suggests the large death tolls that have arisen in some were not inevitable, but instead arose from particular policy choices and political dynamics.

Curtailing free movement creates national level dilemmas: Numerous governments faced policy dilemmas as large numbers of cruise ship passengers and crews became quarantined, or otherwise trapped within the borders of single states, as free movement was curtailed. This suggests a trend requiring attention during the Covid-19 pandemic and future global health events.

The value of comparison: This report has been written during the early stages of the Covid-19 pandemic. With events changing quickly locally, nationally, and internationally, the value of engaging in comparative analysis has been reinforced.
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Foreword

Since the beginning of the century, a yearly news item has been the announcement of a possible world-wide epidemic causing a huge number of deaths, and not only in the less developed parts of the planet. We have regularly heard about the different steps: transmission from animal to animal, then from animal to human, and finally from human to human. Except in a small number of cases, such as the 2003 SARS outbreak and the 2009 avian flu, the news item has, however, been short-lived, with perhaps many believing in the end that journalists were filling news vacuum or that the alleged viral threat was simply the latest mutation of some millenarian fear.

From the end of 2019, the latest materialization of this news item has invaded everything, causing 0.6 million deaths as of mid-July 2020 and interacting with every possible dimension of human existence. Covid-19 has landed into a technologically and economically integrated world shaken by changes in the international balance of power, and increasingly hesitant about the usefulness of its current level of integration. In that sense, the odyssey of the Diamond Princess cruise ship, which operated across a sea of ambiguous jurisdictions and was quarantined in Japan in February 2020, began many years ago, with the Covid-19 crisis only now making it bluntly clear that our heavily integrated world is unlikely to survive with such political feet of clay.

Although the appearance of the Covid-19 threat is common, the introduction and the chapters in this volume provide a clear and convincing account of the relevance of political factors in understanding the widely different health outcomes observed in eight countries (the UK, Germany, Romania, Bulgaria, Israel, Japan, Taiwan, and the US). Taiwan, for instance, was well prepared because of a pre-existing need to have a full strategy for epidemic management resulting from its banning from international organizations; for Germany, a well-funded health system may have been crucial in securing a successful reaction so far, while Romania’s response was based on a stricter lockdown given weaker government funding; in the US, despite some states reacting promptly, the response at the Federal level was hesitant, and also aimed in part at Trump’s electoral campaign, with blame redirected to China and the World Health Organization.

The authors have also to be commended for finding the time and the energy to contribute to our knowledge while under lockdown, in the midst of so many personal and professional readjustments associated with the pandemic.

Javier Ortega, Interim Associate Dean for Research, Faculty of Business and Social Sciences, Kingston University, London
A Note on Method, Aims and Context

This report on 8 democracies has been written by country experts as the Covid-19 pandemic has driven change and uncertainty globally. As such, the statistics, discussion, and analysis it contains reflect a constantly changing picture at local, national, and international levels. It was commissioned in early-May 2020, with chapters drafted by early-June and revised following a data cut-off date of June 30, 2020. The Introduction was written in June and revised in July. Proofreading, editing, formatting and harmonisation took place in July and August.

Rather than provide a comprehensive documentation of events in these 8 democracies, each chapter provides selective discussions of the intersection between democratic politics and policy in these democratic states. In short, this report is meant to provide a first-cut analysis that acts as a bridge between the reflective writing that develops from the academic peer review process and the more immediate analysis and information found in (the undoubtedly essential) media coverage of the pandemic. As such, it is hoped it provides important food for thought for those involved in the analysis of, and policy response to, the Covid-19 pandemic.

To mitigate against very real concerns related to incomplete and quickly changing data sets, statistics have been taken from data sets widely recognised as providing the most up-to-date picture, such as The Critical Trends and World Map pages provided by John Hopkins University, the Coronavirus pages of the Washington Post and government datasets.

For democracy to thrive, accountability is key. Core to this accountability is an understanding of how democratic states act to protect their citizens against a myriad of threats. In recent months, perhaps the largest of these threats has been the Covid-19 pandemic. Among this report’s 8 case studies, some states were more prepared for such an event, and acted with more forethought, than others. This report shows that these differences in preparedness and forethought had real-world effects.
Introduction: Dr Peter Finn

This report examines the intersection between the political and policy responses to Covid-19 in 8 democracies (the UK, Germany, Romania, Bulgaria, Israel, Japan, Taiwan, and the US). Across 8 chapters it provides first-cut analyses of the Covid-19 pandemic. The report highlights the intersection between politics and policy, drawing policy learning points and key findings from comparative analysis.

The democracies considered in this report vary significantly. Differences include population sizes, economic structures and outputs, cultures, histories, and electoral systems. Moreover, they have experienced the Covid-19 pandemic in different ways. Taiwan, for example, has suffered less than 10 deaths. Conversely, the US passed 100,000 confirmed deaths in late-May.

As this report shows, Covid-19 has affected democracies in many ways. To give just a few examples; elections have been disrupted and suspended (though some have still occurred); governments have fallen and been reappointed; opposition parties and politicians have, in turns, engaged constructively with governments and attempted to make political hay; leaders have contracted, become seriously ill, and recovered from, Covid-19; powers have been centralised within executives and heads of state to an extent normally only seen in wartime.

Across seven sections, this introduction highlights policy learning points arising from these differing experiences. In Section 1, some comparative statistics related to Covid-19 in this report’s 8 case studies are presented, with a tentative discussion occurring. In Section 2, the importance of considering politics when thinking about the policy response to Covid-19 is demonstrated, while Section 3 illustrates how politics has been affected by, and fed into, the pandemic at local, national, and international levels. Next, Section 4 explores how global health crises can become intertwined with complex and interconnected operation and ownership structures. Thus, creating policy dilemmas generated by opacity over responsibility. Section 5 illustrates how experience in dealing with similar health events, the prior existence of legislative and bureaucratic apparatuses, additional health care capacity, and forward planning, can contribute to successful policy responses. Section 6 explores how existing prejudices and disparities have affected policy responses and been reflected in fatality figures. Section 7 highlights that, even when an initial response appears to have been relatively sound, or where outbreaks have been contained, little room for complacency exists. Sections 2-7 reflect the reports overarching policy learning points highlighted in the Executive Summary. Section 8 signposts the overall report structure.

Three Key Findings of this report are also highlighted in this introduction. These findings, two empirical and one methodological, are:

1) Democracies have experienced Covid-19 in diverse ways, with an analysis of the intersection between politics and policy key to understanding this diversity
2) Curtailing free movement of people creates national level policy dilemmas
3) Comparative analysis generates important insights for the analysis of a complex and moving picture

Rather than purely ‘academic’, these findings have real-world implications. The first, for instance, suggests the large death tolls experienced in some countries were not inevitable, but instead reflect particular policy choices and political dynamics. The second, as seen in Section 4, highlights the need for policymakers to be aware of the dilemmas created by the curtailment of the free movement of people going forward. Finally, the third could aid those, in academia and beyond, seeking to develop methodologies for the analysis of the Covid-19 pandemic.
1. Comparative Table and Discussion

Table 1: Comparative table with Key Covid-19 indicators and statistics for report case studies as of June 30th, 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>Confirmed Covid-19 Cases</th>
<th>Confirmed Covid-19 Cases per 100,000</th>
<th>Confirmed Covid-19 Deaths</th>
<th>Case Fatality %</th>
<th>Confirmed Covid-19 Deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>313,483</td>
<td>461.7</td>
<td>43,906</td>
<td>14.0%</td>
<td>64.8</td>
</tr>
<tr>
<td>US</td>
<td>2,575,033²</td>
<td>787.1⁵</td>
<td>125,803</td>
<td>4.9%</td>
<td>38.45</td>
</tr>
<tr>
<td>Germany</td>
<td>194,693</td>
<td>232.2⁶</td>
<td>8,968</td>
<td>4.6%</td>
<td>10.81</td>
</tr>
<tr>
<td>Romania</td>
<td>26,313</td>
<td>138.18</td>
<td>1,612</td>
<td>6.1%</td>
<td>8.28</td>
</tr>
<tr>
<td>Israel</td>
<td>24,688⁷</td>
<td>268⁸</td>
<td>320</td>
<td>1.3%</td>
<td>3.5</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>4,691</td>
<td>67.51</td>
<td>219</td>
<td>4.7%</td>
<td>3.12</td>
</tr>
<tr>
<td>Japan</td>
<td>18,615</td>
<td>14.75</td>
<td>972</td>
<td>5.3%</td>
<td>0.77</td>
</tr>
<tr>
<td>Taiwan</td>
<td>447</td>
<td>1.92</td>
<td>7</td>
<td>1.6%</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Table 1 is ordered with relation to the number of confirmed deaths per 100,000 of population, which is shown on the far right, with the countries with the highest number of deaths at the top

¹ Unless otherwise indicated, information in this table is drawn from the John Hopkins Coronavirus Resource Centre on 30/06/20
³ Washington Post, ‘Mapping’.
⁴ Washington Post, ‘Mapping’.
⁵ Washington Post, ‘Mapping’.
⁸ Israel Ministry of Health, Coronavirus dashboard.
Table 1 reinforces one of this report’s findings, namely that there has been a large disparity in the experience of the early stages of the Covid-19 pandemic. Importantly, this report more broadly demonstrates that analysis of the politics and policy responses to the pandemic provide an effective frame for understanding these disparities. Put another way, the high death tolls experienced by countries such as the US and the UK were not inevitable, but the outcome of particular policy choices and political dynamics. Indeed, the political and policy responses of Japan, Taiwan, and Bulgaria, for example, demonstrate that controlling the transmission of the SARS-CoV-2 virus, which causes Covid-19, is possible. As importantly, they show it is possible while democratic accountability is broadly adhered to.

Before moving onto a tentative discussion of Table 1, some caveats are needed. All the statistics in the table are snapshots of a moving picture, with the likelihood many will be revised upwards (or downwards) as governments and researchers come to better understand events and/or alter their statistical models. Crucial in this regard, the picture in different countries is changing at different rates. The United States of America (US), for instance, is currently recording tens of thousands of new cases daily, while new cases in Taiwan have remained in the single digits per week since April. Moreover, there is a need to caution against drawing too many conclusions from statistics collected across states with divergent methodologies. Likewise, testing infrastructure is organised differently within and between countries, while, as we shall see, the numbers of confirmed cases likely significantly understate the actual numbers of those infected with the SARS-CoV-2 virus. As such, any conclusions drawn from Table 1 should be considered tentative and subject to revision.

The aforementioned caveats accepted, Table 1 does provide some insights into the early stages of the Covid-19 pandemic in the featured democracies. Organised with relation to the number of confirmed deaths per 100,000 of population, which is shown on the far right, with the countries with the highest number of deaths at the top, this table helps illustrate the variety of experience across these case studies.

Moving from top to bottom, Line 1 is particularly notable because of the high numbers of deaths per 100,000 it shows have occurred in the UK. At 64.8, this figure is almost double that of the US (38.45), the next highest. Another statistic of note on Line 1 is the high percentage of UK case fatalities, which stands at 14%. This is more than double the next highest case study on this metric, with Romania having a case fatality rate of 6.1%. What caused the disparity between the UK and other case studies on this metric cannot be fully known.

9 In mid-August 2020, for example, the UK government revised fatality figures downward by 5,377 because of a change in counting methodology in England. According to the UK Department of Health and Social Care this change occurred to ensure a ‘single, consistent measure is adopted for daily reporting of deaths across the UK’.

10 One explanation could be that those catching the SARS-CoV-2 virus in the UK were more likely to be elderly, or part of another at risk group. Another explanation could be that a lack of testing has left many more cases undetected than elsewhere, with those cases that were serious enough to lead to death making up a larger proportion of confirmed cases.
The US, listed on Line 2, is particularly noteworthy because it currently has, at over 125,000, the world’s highest number of confirmed Covid-19 deaths. It also has both the highest number of confirmed cases worldwide and the highest number of confirmed cases per 100,000 of this report’s case studies. As of June 30, 2020, new confirmed cases in the US were running at a seven-day average of around 40,000 per day. Suggesting confirmed cases (absolute and per 100,000) and deaths (absolute and per 100,000) will continue to rise in the coming weeks.

Next, on Line 3, is Germany. However, it should be noted there are significant differences between the US and Germany. As of the time of writing (mid-July 2020), for instance, the number of new confirmed cases of Covid-19 in the US was accelerating more on a weekly basis than Germany suffered in total up to June 30. Likewise, the US has suffered more than triple the number of confirmed Covid-19 related fatalities per 100,000 than Germany. Similar to Germany, which is shown to have suffered 10.81 confirmed deaths per 100,000, is Romania, which, as Line 4 documents, has suffered 8.28 confirmed fatalities per 100,000. That said, there are big differences in confirmed cases per 100,000, with Romania having just 138.18 as opposed to Germany’s 232.2. As already mentioned, bar the UK, Romania has the highest case fatality percentage of this report’s case studies (6.1% compared with 4.6% in Germany), which helps explain the smaller difference in the deaths per 100,000 between Romania and Germany despite a big disparity in cases per 100,000.

Israel is listed on Line 5. It is the first case study with a confirmed death rate per 100,000 of less than 4. Of particular interest is that, while confirmed Israeli cases per 100,000 are most comparable with Germany, the Israeli case fatality rate (1.3%), is the lowest of all the case studies and almost one-third of the German rate of 4.6%. As a result, Israel has a much lower death toll in both absolute and comparative terms. Listed on Line 6, Bulgaria has a much higher case fatality rate then Israel (4.7%), but a much lower number of confirmed cases per 100,000 (67.15 as opposed to 268). Together, these statistical differences triangulate to give Israel and Bulgaria similar numbers of confirmed deaths per 100,000; 3.5 in Israel and 3.12 in Bulgaria.

Japan occupies Line 7. On every measure bar case fatality percentage, it has much better statistics than all case studies except Taiwan. Reflecting this is the fact the number of cases in Japan per 100,000 is less than a quarter of that in Bulgaria, while numbers of confirmed Covid-19 deaths per 100,000 is, at 0.77, also around a quarter of the Bulgarian figure. Finally, Taiwan, listed in Line 8, stands apart from even Japan in the positive picture painted by its statistics. It has less than 450 confirmed cases, translating to just 1.92 confirmed cases per 100,000. Whilst it has managed thus far to keep deaths in single figures, at just 7. Translating to just 0.03 confirmed Covid-19 deaths per 100,000. In short, while accepting the above caveats about the tentative nature of the statistics in Table 1 and the likelihood of upward revision, the statistics for Taiwan reflect an undoubted success story. Especially as Taiwan is just a short plane ride from Wuhan, China, the initial epicentre of the Covid-19 pandemic.

Rather than providing a complete picture of the way democracies have experienced the early stages of the Covid-19 pandemic, Table 1 provides some detail on the experience of a subset. Yet, even this subset illustrates diversity of experience. To highlight, perhaps, the most obvious example, Taiwan’s 447 confirmed cases would exist as a blip in the hundreds of thousands of cases recorded in the UK and Germany, and little more than a rounding error in the millions of confirmed US cases. In fact, on current trends it would actually be surprising if the US had not reached well
over 6 million confirmed cases by the time this report is published.\textsuperscript{11} Crucially, similar comparisons could be made between the low comparative and absolute death counts in Japan and Taiwan and the comparative and absolute death counts in the US and the UK. With these disparities in mind, this introduction now turns to illustrate how the intersection between politics and policy and the Covid-19 pandemic have fed into some of them. This process begins with a brief discussion of why politics needs to be considered when exploring policy responses to the pandemic.

2. Politics Matters

There have been calls from some to 'keep politics out of' responses to the Covid-19 pandemic, sometimes paired with claims scientists are doing just that.\textsuperscript{12} Such calls and claims, however, do not stand scrutiny. US President Donald Trump, for instance, has engaged in explicitly political criticism of the World Health Organization (WHO), while, as David Salisbury of the Global Health Programme at Chatham House notes, if a vaccine is successfully developed “then we’re into a political world”.\textsuperscript{13}

The Covid-19 pandemic has wrought havoc globally in 6 short months. To name but a few effects, whole countries and continents have ground to a halt and entered periods of lockdown, entire economies have been wound down (many of which are now attempting to restart), institutions integral to the long-term functioning of societies have been shuttered and billions of lives have been disrupted. As of June 30, 2020, confirmed deaths were over half a million.\textsuperscript{14} Responses to any of these effects would likely have been significant and decidedly political. However, as the case studies examined in this report demonstrate, the need to deal with them all concurrently has kept politics centre stage.

In short, this report demonstrates that, rather than causing a pause in partisanship, the pandemic has fed into democratic politics. As seen in Chapter 3, for example, the Romanian government fell and was reinstated as opposition politicians appeared content to let their opponents handle tough pandemic related decisions. In Chapter 2, meanwhile, we see how the German experience under Angela Merkel appears to demonstrate the value of a seasoned leader, with prior crisis management experience, charting a course through uncertainty. By way of example, in the time lag between the emergence of the SARS-CoV-2 virus and any serious outbreaks in Germany, German healthcare providers, laboratories and the federal government developed and stockpiled tests, which have been key to its generally successful response thus far. Conversely, the UK body politic, already consumed by Brexit, appears to have been particularly ill-suited to deal with Covid-19. Indeed, rather than develop and stockpile testing, in the early stages of the pandemic the UK delayed implementing a lockdown because key actors were both distracted by Brexit and reluctant to wield such state power. This delay saw SARS-CoV-2 quickly spread. As

\textsuperscript{11} On September 1 2020, the US had over 6 million confirmed cases and 180,000 confirmed deaths.
\textsuperscript{13} El-Faizy, M ‘Covid-19’.
documented in Chapter 1, worrying features of the UK lockdown period include a concerning rise in both domestic violence and racially motivated hate crime, tragically high death rates in care homes and among Black, Asian, and minority ethnic (BAME) communities and one of the world’s highest comparative death tolls.

Calls to ‘keep politics out of’ responses to Covid-19 tap into the tantalising, but ultimately illusory, idea one can halt partisanship and political considerations in a crisis. Yet, while not wanting to politicise any one individual or family’s grief, structurally there is ‘[n]o avoiding politics’ when discussing Covid-19. Indeed, rather than remove politics from the consideration of, or attempts to develop policy with relation to, Covid-19, politics must be considered. As highlighted above, and demonstrated in detail in this report, politics can have both positive and negative effects on policy, but to attempt to avoid discussing it is foolhardy, and would leave one with an incomplete picture.

3. Local, National and International Politics

The relationship between politics and policy during the Covid-19 pandemic has played out at various levels. As highlighted below, considering local, national, and international levels separately illuminates a variety of policy learning points.

Local Politics

Within some countries, large disparities have developed in the spread of, and the effectiveness of local responses to, Covid-19. Overall, for instance, Romania has a relatively low infection and death rate (though not compared with some neighbouring countries). Yet, as seen in Chapter 3, in early-April 2020 the town of Suceava (circa 100,000 residents) became the centre of an outbreak that saw over 180 medical personnel become infected as a result of a lack of protective equipment stemming from poor hospital and local health management. This outbreak led to the quarantining of Suceava and surrounding towns and the hospital management’s removal.

Similarly, Chapter 8 demonstrates big disparities between US states. As of May 28, for instance, there had been 144.7 deaths per 100,000 in New York state. Yet, on May 28 California had suffered just 9.9 confirmed deaths per 100,000, and Texas just 5.6. New York State Governor Andrew Cuomo has received criticism for not moving to shut his state down quickly enough; waiting, instead, until the state had over 15,000 confirmed cases. Conversely, San Francisco Mayor London Breed issued a stay-at-home order on March 16, when the city had under 40 confirmed cases and no deaths, with a Californian wide stay-at-home order issued three days later by Governor Gavin Newsom. Breed and Newsom cooperated, with Newsom supportive of the San Francisco stay-at-home order. In New York, meanwhile, the relationship between Cuomo and New York City Mayor Bill de Blasio was tense, with the former apparently rebuffing the latter’s suggestion for a New York City stay-at-home order five days prior to Cuomo’s March 22 issuance of a statewide order.

Policy wise, events in Romania and the US demonstrate the importance of local elected officials and health administrations working together closely, moving quickly to tackle local outbreaks. Politically, the effects are likely to feed into people’s choices at the ballot box, but how this occurs will differ between localities. Breed, Newsom, Cuomo and de Blasio, for example, are all members of the Democratic party in states

where that party currently dominates. As such, rather than the high death rates in New York leading to Democrats being voted out of office in New York, one could see internal Democratic party challengers focusing on Cuomo's record during the pandemic. Turning to Romania, events such as the Suceava outbreak may feed into campaigns calling for higher and more transparent healthcare spending. At the outbreak of the Covid-19 pandemic, Romania had low healthcare spending when compared with other European Union member states. Suggesting it is ripe for such a campaign.

National Politics

The Covid-19 pandemic has become similarly intermingled with national politics, with the initial hesitancy of the Japanese government to act an illustrative example.

Japan was scheduled to host the 2020 Summer Olympic Games. As Chapter 6 shows, the Japanese government initially appeared reluctant to take drastic action to either stem the spread of the SARS-CoV-2 virus or to postpone the Olympic Games. However, after receiving assurances the games would not be cancelled, they were postponed. Once this postponement occurred, a combined response at prefecture and national levels has, as of late-June, kept deaths below 1,000. While this death toll is high regionally, it is low compared with some case studies, such as the US and the UK, examined in this report. The measures put in place in Japan are voluntary rather than relying on potential sanctions, with a so-called 'Japan model', based on a cluster focused approach and the avoidance of the so-called three Cs (confined and crowded spaces, and close human contact), emerging.

The Japanese experience illustrates how seemingly unrelated priorities have affected the response to Covid-19 in some instances. More positively, Japan's comparatively low death toll suggests the Japanese model could be of use to others looking to stem the spread of the SARS-CoV-2 virus moving forward.

International Politics

The Covid-19 pandemic has been affected by international politics in numerous ways. In the UK, for instance, the fact its body politic has been consumed by the Brexit process for over 3 years, something achieved in January 2020 (though it is in a transition period preserving the status quo until December 2020), appears to partly explain its laggard Covid-19 response.

More positively, evidence presented in Chapter 7 suggests Taiwan's geopolitics, which stem from Chinese claims Taiwan is part of China, appear to have left it well prepared to deal with Covid-19. This geopolitical situation prevents it from taking full part in some international bodies, including the WHO. As a result, during the 2002-2004 Severe Acute Respiratory Syndrome (SARS) outbreak (also caused by a coronavirus), Taiwan developed its response independently. This led to the creation of the Central Epidemic Command Centre. This centre was activated in January 2020 and has taken the lead in Taiwan's, thus far, incredibly successful Covid-19 response. So successful has the Taiwanese response been, the Taiwanese Ministry of Foreign Affairs now publicizes the 'Taiwan Model'.

As such, the peculiarities of Taiwanese geopolitics have forced its government to develop the capacity to deal with health events such as the Covid-19 pandemic. Illustrating how prior investment in such capacity can contribute to successful policy
responses (a point returned to below). Moreover, the successful use of this capacity has also created a tool the Taiwanese state can draw on to augment its soft power.

4. Interconnectedness

The Covid-19 pandemic has demonstrated how global health crises can become intertwined with complex and globally diffuse operation and ownership structures. Indeed, a key finding of this report, which has arisen from its focus on 8 separate country case studies, is that the interconnected nature of societies, economies, and businesses creates policy dilemmas generated by opacity over responsibility. As we shall see below, this especially appears to be the case when free movement of people becomes curtailed.

Demonstrating this are events surrounding the Diamond Princess cruise ship run by the Carnival Corporation that are discussed in Chapter 6. The Carnival Corporation is headquartered in the US, with the ship registered in the UK. A passenger who disembarked in Hong Kong on January 25 tested positive for Covid-19 on February 1. On February 3 the ship, along with more than 3,500 passengers and crew, was placed in quarantine in Yokohama, Japan, which it originally sailed from on January 20. When disembarkation was completed on March 1, 706 people had become infected, with seven dying. The location of the quarantine, as well as its ownership and registration structure, caused confusion about who was ultimately responsible for the ship and its passengers. The Japanese government received criticism for an initially slow and muddled response, which appears to have spurred a concerted attempt to play a constructive role in the international response to Covid-19 moving forward.

On a more micro-level, the Diamond Princess had passengers and crew from at least 7 of the 8 countries considered in this report (the US, UK, Germany, Israel, Japan, Taiwan, and Romania). Likewise, as of mid-June there were 6 ships owned by the company Cruise and Maritime Voyages anchored in the UK. More than 1,000 crew members from a variety of countries were onboard these 6 ships. There have been reports of a hunger strike on one of the vessels, with Indian crew

17 BBC ‘Coronavirus: British man who was on Diamond Princess ship dies in Japan’ BBC. 28 February 2020. Available online: https://www.bbc.co.uk/news/uk-51677846 [Accessed 16/06/2020].
members seeking repatriation.\textsuperscript{22} In a similar vein, the Grand Princess cruise ship, and its diverse passengers and crew, was quarantined off the California coast in the US in March.\textsuperscript{23}

The confusion relating to who was ultimately responsible for the Diamond Princess, along with the diversity of passengers and crew on the Diamond Princess, the Grand Princess and the Cruise and Maritime Voyages crew members stranded in the UK, illustrate how the complexity of global businesses, especially those facilitated by the free movement of people, need to be factored into policy responses to Covid-19 moving forward, as well as similar global health events in the future. Moreover, the similarities between events in Japan, the US and the UK suggest they foreshadow future events rather than being aberrations.

5. Prior Experience, Legislative and Bureaucratic Apparatus and Health Care Capacity

Several of this report’s case studies illustrate the value of both experience in dealing with similar health events and the presence of pre-existing legislative and bureaucratic apparatuses, as well as the benefit of additional health care capacity and forward planning.

As mentioned above, due to the SARS outbreak, Taiwan already had the Central Epidemic Command Centre, which was activated to coordinate a response to Covid-19. By chance, it was also in the privileged position of having a Vice President who was a renowned epidemiologist and a former health minister. Together these factors appear to have been key to successful policy formation. Similarly, after initial hesitation related to the 2020 Olympics, the Japanese response, based on voluntary cooperation rather than legally enforceable commands, has been largely coordinated by the Novel Coronavirus Response Headquarters, which was activated under the pre-existing Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response. As shown in Chapter 4, meanwhile, in Bulgaria the acceptance of lockdown by large parts of the population (especially as it relates to the closing of schools) appears to have been aided by regular school closures during the annual flu season. As importantly, this acceptance has fed into a broadly successful Bulgarian response that has kept deaths from Covid-19 in the low hundreds.

Relatedly, as highlighted above and in Chapter 2, it appears a concerted attempt in Germany to stockpile tests fed into a response that, when compared to other large European Nations such as Italy, Spain and the UK,\textsuperscript{24} has held down infection and death rates. Another factor appears to be additional capacity in a well-funded healthcare system. When combined with the fact Germany did not suffer large numbers of cases early in the pandemic, this forethought and the existence of such additional capacity likely provide lessons for countries that have allowed a continual


\textsuperscript{24} John Hopkins University, \textit{Mortality Analyses}. [Accessed 14/07/2020].
search for efficiency to dilute the capacity of social safety nets, thus removing additional capacity that might be needed in a social or health emergency.

Together, the experience of Taiwan and Bulgaria demonstrate how prior experience of similar health emergencies, and concurrent policies and practices, can feed into successful future responses. Whilst the willingness of the Japanese population to abide by non-enforceable guidelines appears to reflect a disposition within Japanese society to abide by such government guidelines. Finally, the German experience demonstrates the value of both forward planning and the maintaining of some spare capacity within healthcare systems.

As northern hemisphere countries begin to prepare for an anticipated second spike of Covid-19 cases in the autumn and winter, the maintenance of additional capacity within health care systems and broader social safety nets (even if such capacity has only been developed in response to the Covid-19 pandemic) could help with the deployment of holistic policy responses. Finally, given that, in such countries, this second spike may coincide with the additional pressure arising from an annual flu season, the need for significant amounts of forward planning in the coming months appears acute.

6. Pre-Existing Prejudices and Disparities

A particularly disturbing aspect of the Covid-19 pandemic shown in several of this report’s case studies is the formulation of policies based on, or that (deliberately or not) exacerbate, pre-existing prejudices and disparities. As importantly, infection and death rates have mirrored pre-existing social disparities.

As seen in Chapter 5, for instance, in Israel, there was controversy over the potential of the Joint List party, comprised of several Arab-Palestinian parties, joining a governing coalition with the Blue and White party led by Benny Gantz following a March election. Ultimately, Gantz, following an agreement negotiated at the height of the pandemic, went into coalition with incumbent Prime Minister Benjamin Netanyahu in May. This maintained a status quo that no Arab-Palestinian party has joined an Israeli governing coalition. Additionally, several ultra-orthodox neighbourhoods in Israel were placed under stricter lockdown measures because of claims the community was flouting lockdown rules. In short, the pandemic and political deadlock have shed new light on existing prejudices and on religious and national cleavages present in Israeli society. Similarly, some Roma neighbourhoods in Bulgaria were subject to stricter quarantine measures than the general population. A senior Bulgarian official spoke of ‘a different way of life among the ethnic minorities’. Thus, feeding into discriminatory practices and intolerant narratives.

Turning to pre-existing disparities, a UK review of the disproportionately high effects of Covid-19 on BAME communities highlighted that ‘[p]eople of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British’. While its findings were tentative, the review found ‘clear evidence that COVID-19 does not affect all population groups equally’, with factors such as ‘older age, ethnicity, male sex and geographical area [...] associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death’.25

The US has similar disparities, with official statistics demonstrating that, despite making up 13% of the US population, African Americans account for 22% of Covid-19 cases and 23% of deaths. As discussed in Chapter 8, the politics and policy response to Covid-19 in the US became intermeshed with a large protest movement for racial equality that developed after footage emerged showing the death of George Floyd, who died after a police officer knelt on his neck on May 25 in Minneapolis, Minnesota.

Moving forward, policymakers need to avoid decisions and language that, deliberately or not, are based on existing prejudices or ideas about how already disadvantaged groups may act collectively. As importantly, there is an urgent need to understand how pre-existing disparities are reflected in the transmission and death rates experienced by specific communities and, in conjunction with such communities, to develop policies that address higher transmission and death rates in the short-term and structural disparities in the medium and long-term.

7. Little room for complacency

As shown above and in this report, democracies have experienced the Covid-19 pandemic in different ways. Some, such as Taiwan, Bulgaria, Romania, Israel, and Japan, have kept death and transition rates relatively low, and, importantly, have largely done so within existing democratic structures. Others, such as the US and the UK, have fared worse, with, among other factors, slow decision-making and a lack of clear leadership appearing to feed into poorly managed responses in both instances. However, even in places where the initial response to the pandemic appears to have been relatively sound, there is little room for complacency.

In Chapter 5, for example, questions are raised about Israel’s lockdown exit strategy. The initial Israeli strategy, which involved contact tracing, self-isolation, the restriction of arrivals, the declaration of a state of emergency, the closing of institutions such as schools and restrictions on gatherings and movement, was broadly successful, keeping transmission and death rates low. The country began exiting lockdown in May, but by early-June was seeing hundreds of new daily Covid-19 infections. A case in the Knesset (the parliament) caused it to cease operations for a week, whilst there were outbreaks at newly opened schools. Moreover, there is a debate in Israel over how much authority the executive can have in a national emergency without parliamentary scrutiny. Finally, it has been questioned whether decisions taken during the crisis were done purely in the national interest or also, at least in part, to secure the position of the Prime Minister.

Likewise, some US states with initially low numbers of Covid-19 cases have seen cases surge as they have reopened. As already stated, on May 28 California and Texas had confirmed Covid-19 death rates of 9.9 and 5.6 per 100,000 respectively, with the figure 144.7 for New York state. However, by June 30 the number of cases in California had risen from a 7-day rolling average of around 1,600 new cases per day on May 8, when the state began reopening, to around 6,000 new cases per day. Likewise, new cases in Texas rose from around 800 new cases per day when the state began reopening on April 20 to almost 6,000 new cases per day on June 30. These numbers did not yet reflect the daily counts of 10,000+ regularly reported by New York state in early-April (and probably also reflect better population knowledge and testing). However, they suggest Covid-19 related fatalities in Texas and California are likely to rise moving forward, as well as illustrating how quickly infection rates can rise if outbreaks are not contained quickly.
The experience of Israel, US states such as California and Texas, and other countries, such as New Zealand, that have fared well initially during the Covid-19 pandemic illustrate the need to be vigilant and for an adaptable, holistic approach to policy making. In short, policy makers and elected officials likely need to prepare populations for gradual easing and reimplementing of restrictions as and when needed, whether at a national, regional, or local level. Policies needed to manage such local and regional variations are inherently more complex than those required for a singular national lockdown. As is the messaging necessary to explain said policies and variations. As such, investment in preparing policies and messaging prior to the reimplementation of any restrictions is likely to pay dividends. In short, having the general public think about responses to Covid-19 as a spectrum rather than a linear journey with a singular endpoint may help with the acceptance of the reimplementation of restrictions.

8. Report structure

This report contains eight chapters, each considering the intersection between the political and policy responses to the Covid-19 pandemic in a different democracy. In Chapter 1, Robin Pettitt examines the UK, one of the hardest hit countries both in terms of deaths per capita and absolute numbers of deaths. Moreover, in early-June a report from the Organisation for Economic Cooperation and Development suggested the UK would, at 11.5%, likely suffer the biggest fall in economic output of any developed economy as a result of the pandemic. Ultimately, Pettitt concludes that, 'simply looking at the raw numbers it would be difficult to conclude that the UK government got their Covid-19 response right. There have been too many deaths for that [...] conclusion.' Next, in Chapter 2 Robert Ledger considers Germany. In short, this chapter documents how the German government's response appears to have benefited from the fact that, in Angela Merkel, it had a leader with significant experience dealing with crises. With a comparatively low death toll and an economy predicted to do comparatively well in the medium-term, Ledger argues that 'Germany's response to the coronavirus can be considered relatively successful, particularly when compared with other European countries.' Providing a note of caution, however, he highlights that the 'next phase of the crisis will further test the country's institutions and economic structures', in particular due to Germany's vulnerability to a slump in global trade.

Staying in mainland Europe, Chapter 3 sees Radu Cîțpoes examine the Romanian response. Thus far, he argues the Romanian response has been relatively sound, with 'early escalation to a state of emergency and total lockdown' that have generally contained the pandemic. This success, however, has been 'marred by clientelism, negligence, incompetence, and hypocrisy by authorities, a weak and underfunded health system and localised pressures from the return of large numbers of Romanians working abroad in critically affected areas'. Next, in Chapter 4 Nevena Nancheva, examines Romania's southern neighbour Bulgaria. Though she identifies


instances where ‘intolerant public narratives towards’ the ‘Romani minority’ reflecting long-term prejudice fed into policy, overall, the Bulgarian response is shown to have been ‘widely effective’, with the number of confirmed deaths kept in the low hundreds.

In Chapter 5, Ronald Ranta looks at the Israeli management of Covid-19. Despite the fact that ‘[h]eading into the pandemic, Israel was governed by a transition government, without a popular mandate, and headed by a Prime Minister facing prosecution’, and notwithstanding a concerning lockdown exit strategy, Ranta highlights that ‘hospitalisation and mortality rates have been low in Israel’. Yet, reflecting Bulgaria’s treatment of its Romani population, this success is tinged by ‘several Ultra-Orthodox neighbourhoods and towns’ being ‘put under curfew and special measures’, thus reflecting ‘Israel’s secular-religious divide’. Moreover, there was outcry over the potential of the Joint List party, comprised of several Arab-Palestinian parties, joining a governing coalition. Ultimately, this did not occur, maintaining a status quo that no Arab-Palestinian party has ever been part of an Israeli governing coalition. On another note, there is a fear that, with cases rising steadily in the second-half of July, that Israel may suffer from a much larger outbreak in the coming weeks and months than it suffered in spring and early-summer.

In chapters 6 and 7, Atsuko Ichijo looks at Japan and Taiwan. In the case of Japan, Ichijo demonstrates that, initially, Japanese government thinking was dominated by a focus on the Olympics planned for July and August 2020. However, once Japan was assured the games would be suspended rather than cancelled, its response was sound. Ichijo argues Japan is a paradoxical case study, ‘it is a success story […] in comparison to other developed economies’ such as the US and the UK, but not when compared to neighbours such as Taiwan and Hong Kong. Turning to Taiwan, which has managed to keep deaths in single digits, Ichijo argues it is a clear ‘success story’, especially as it ‘has not resorted to authoritarian measures such as lockdown’. As such, Ichijo believes Taiwan ‘constitutes proof that democracy can deal with a pandemic effectively without suspending citizens’ rights’.

Finally, in Chapter 8 I examine the US. Despite some bright spots, such as the swift initial response of California, the overall US political and policy response to Covid-19 has been problematic at best. The US currently has the highest death toll of any state, passing 100,000 confirmed deaths in late-May and 2 million confirmed cases in mid-June. Whilst President Donald Trump has provided mixed, sometimes dangerous, messages.

To close this introduction, some reflection on the third key finding of this report is in order. In short, this finding, which is methodological in nature, is that the comparative analysis this report has utilised is capable of generating important insights, and providing greater clarity, for those attempting to analyse the complex and moving picture created by the Covid-19 pandemic. If examined individually, for instance, the responses of Taiwan and Bulgaria would have likely generated a sense that prior experience of similar health events had fed into comparatively successful responses. However, when considered alongside each other, and with relation to countries that have fared much worse in the early stages of the pandemic, the importance of this prior experience is clear. Similarly, the value of the planning engaged in by Germany, and the lack of it carried out by other states, appears obvious.
Crucially, this report’s other two key findings, that democracies have experienced the early stages of the Covid-19 pandemic in diverse ways and that the curtailing of free movement of people generates national level dilemmas, are a direct result of this report’s comparative methodology. An understanding of the diverse ways democracies have experienced and dealt with the pandemic would not have been possible without the consideration of a broad range of such countries. Similarly, the insight into the policy dilemmas generated by the curtailment of the free movement of people within globalised industries that rely on relatively unconstrained movements across borders arose from the fact that the majority of this report’s case studies have been affected by such curtailments.

As academics, governments and others attempt to grapple with understanding the Covid-19 pandemic, whether in terms of documenting what has happened, dealing with current events or planning for the future, the methodology adopted for this report appears to confirm the value of engaging in comparative analysis.
Chapter 1: United Kingdom, Dr Robin Pettitt

1. Key Facts

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<th>Key Fact</th>
<th>Data</th>
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<td>GDP per capita (prior to the pandemic)</td>
<td>UK£46,867.9 (US$43,343.3), 2018</td>
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<td>Money spent on health-care per capita (prior to the pandemic)</td>
<td>UK£3,227, 2018</td>
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<td>Date of first recorded death</td>
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<tr>
<td>Date of 100th recorded death</td>
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<td>Date lockdown entered</td>
<td>March 23 2020</td>
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<td>Number of confirmed deaths (overall and per 100,000 population)</td>
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</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>May 10 2020</td>
</tr>
</tbody>
</table>

2. Executive Summary

- An inattentive government reacted too slowly at the beginning of the crisis leading to late lockdown
- Prime Minister’s personality possibly influenced late lockdown
- Slow reaction led the UK to become second worst affected country in the world
- Early rally to the flag support has rapidly dissipated
- Need for track and trace system has gone unanswered
- Covid-19 infected, usually dominant, leader hampered decision making
- Massive government intervention in the economy alleviated some of the worst effects of the lockdown on individual finances
- Reduction of government intervention in the economy could spell trouble
- Ethnic minorities hit particularly badly by Covid-19 for not fully understood reasons

3. Country Intro

The United Kingdom (UK) is a parliamentary democracy with a bicameral legislature, and a figure head monarch. Lacking a codified constitution UK politics

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is heavily reliant on tradition and precedence. Formally speaking all power lies with Parliament, which can undo any previous decision by a simple majority.\textsuperscript{30}

Significant powers have been devolved to regional assemblies in Wales, Scotland, and Northern Ireland,\textsuperscript{31} which have increasingly started to deviate from England and each other, especially in the case of Scotland. The Scottish government, led by the leader of the Scottish National Party Nicola Sturgeon, is committed to achieving independence for Scotland, a topic that is likely to come to a head in the next Scottish Parliament election in 2021.

The head of government is currently (July 2020) Prime Minister Boris Johnson, who leads a single party majority government with a majority of 80 in a 650 seat House of Commons.\textsuperscript{32} The most recent election was in December 2019, and the Fixed Term Parliament Act dictates that the next scheduled election will take place in May 2024.\textsuperscript{33}

Single party majority governments have been the norm and leave the legislature relatively weak. Recent exceptions to the norm have been a coalition government between the Conservative Party and the Liberal Democrats 2010-15, and a Conservative Party minority government 2017-19.

Significant regional economic inequalities are in evidence with the north of England suffering much higher levels of deprivation than the south east of the country.\textsuperscript{34}

Key Dates

**January 24 2020:** Government emergency response committee meets to discuss Covid-19 for the first time. The Prime Minister does not attend. Health Secretary declares risk to the UK as being ‘low’.

**January 25:** Foreign and Commonwealth Office advises against travel to Hubai province

**January 31:** First confirmed UK case

**March 2:** First death confirmed as cases pass 100

**March 7:** Confirmed cases pass 200

**March 10:** Health Minister Nadine Dorris tests positive for Covid-19

**March 14:** Confirmed cases pass 1,000

**March 23:** First lockdown measures announced

**March 25:** Prince Charles tests positive for Covid-19

**March 27:** Prime Minister Boris Johnson and Health Secretary Matt Hancock test positive for Covid-19

**March 28:** Total confirmed Covid-19 deaths pass 1,000

**April 4:** Keir Starmer becomes leader of the Labour Party

**April 5:** Prime Minister Boris Johnson is admitted to hospital


\textsuperscript{33}Parliament.uk, *State of the Parties*.

\textsuperscript{34}Sheffield University, *UK has higher level of regional inequality than any other large wealthy country* (2019) Available online: https://www.sheffield.ac.uk/news/nr/uk-higher-regional-inequality-large-wealthy-country-1.862262 [Accessed 01/07/2020].
April 6: Prime Minister Boris Johnson is taken to intensive care. Total Covid-19 death toll passes 5,000.
April 9: Prime Minister Boris Johnson leaves intensive care, but remains in hospital
April 12: Prime Minister Boris Johnson is discharged from hospital and moves to Chequers for recovery. Covid-19 death toll passes 10,000.
April 21: Total Covid-19 related deaths passes 17,000
April 27: Prime Minister Boris Johnson returns to work
May 5: Number of Covid-19 related deaths pass 29,000, making the UK the worst affected country in Europe
May 6: Number of Covid-19 related deaths pass 30,000
May 11: Phased lifting of restrictions begin in England
May 20: For the first time since March the number of people in hospital with Covid-19 in the UK drops below 10,000
May 26: For the first time since March 18 no Covid-19 related deaths are recorded in Northern Ireland
May 29: Lockdown restrictions begin to be eased in Scotland
June 2: Public Health England publishes a report into the high fatality rates among BAME people
June 5: Covid-19 related deaths pass 50,000
June 7: No new Covid-19 related deaths are reported in Scotland for the first time since March
June 21: New Covid-19 related deaths increase by 15, the lowest increase since March 15
June 26: No new cases or deaths recorded in Scotland in the previous 24 hours
June 29: Local lockdown is announced for Leicester after a spike in cases in the city

4. Political and Policy Responses

The first confirmed cases of Covid-19 are generally regarded as having been identified around January 31, although it is possible that the virus had arrived in the UK as early as mid-December 2019. Total reported deaths associated with Covid-19 crossed 100 by March 18. Extensive lockdown measures were announced on March 23.

The political response of the UK has been affected by a number of factors. One such factor was that the opposition Labour Party had a lame-duck leader for much of the early part of the crisis. After suffering his second general election defeat in December 2019, this time leaving the Labour Party with a historically low number of MPs, Jeremy Corbyn announced his intention to stand down as leader of the party.

once a new leader had been selected by party members. Inexplicably the party’s national executive council decided that the process of choosing a new leader would take place over more than three months from early-January to early-April. This left the main opposition party effectively without proper leadership as the Covid-19 crisis escalated.

In addition, the Prime Minister, Boris Johnson, had various distractions during the crisis. He was in the process of divorcing his second wife, which was completed by early-May; dealing with the birth of his sixth (possibly seventh, it is not entirely clear) child; and then contracting Covid-19 himself necessitating a spell in intensive care, and extended recovery period. This has inevitably meant that the Prime Minister has not always been able to be as attentive in handling the crisis as would have been ideal.

Brexit, Political Capital and Falling Polling Numbers

To complete the context of the political response there is the underlying distraction of the rapidly approaching end of the Brexit transition period during which the UK is supposed to be establishing its long-term relationship with the EU. Brexit has required huge political capital to manage, and dealing with two major crises at the same time has stretched the government’s capacity to deal properly with either issue.

In terms of the public’s reaction to the political response, it started very well for the government, but over time the news became less positive. As the crisis started to escalate there was a definite ‘rally around the flag’ effect of supporting the government (See Figure 1).

Support for the government’s handling reached an all-time high of 72 percent saying it was doing ‘very’ or ‘somewhat well’ on March 27. However, since then it has seen a steady decline dropping below 50 percent by mid-May and continuing to decline, albeit with a slight upward curve by late-June.

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This is also reflected in voting intentions. With a staggering lead over the Labour Party of 22 points in late-March-early-April, by late-June the lead was down to less than five points (see Figure 2).

To what extent this decline in support for the Conservative Party government is down to crisis wariness, government mistakes or the arrival of a new Labour Party
leader is impossible to say, but as the crisis drags on these numbers are unlikely to improve for the Conservative Party. The government does benefit from the fact that there is a long time until the next General Election, so to some extent low approval ratings at this stage are less of a concern. However, the Conservative Party still runs the risk of the Covid-19 crisis, combined with the potential for massive economic disruption in early 2021 from a no-deal end to the Brexit transition period, permanently damaging its standing with the electorate.

**Devolution, Divergence, and Differences**

The UK is also experiencing the effects of devolution. In Scotland, Wales, and Northern Ireland all domestic policy is effectively decided by regional parliaments and executives. Although all parts of the UK went into lockdown, the easing of lockdown has taken rather different paths. An example is the approach to reopening schools. In England the government allowed some year groups in primary schools to return 1 June, although many local education authorities did not feel ready to do so. In Scotland, teachers were allowed to return to prepare for a partial return by August 11. In Wales schools are planned to return full-time by September.42

In terms of the UK response to the outbreak, although the UK eventually did enter into lockdown, the government has been criticised for doing so far too late.43 Possibly distracted by the government finally delivering its promise to leave the EU and with the Prime Minister missing several COBRA meetings, the government’s crisis management committee, it has been argued that the government did not take the threat seriously enough. When they did realise the danger it was already too late.

**UK Government Covid-19 Poster**

The numbers certainly would suggest that the government’s response was insufficient. As of July 1, the official number for Covid-19 related deaths stood at 43,906. This is the third highest death toll in absolute numbers in the world after the USA and Brazil.44

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In addition, the UK has also seen significantly higher fatality rates amongst ethnic minorities\(^{45}\), something which has been given extra poignancy by the rising race tensions in the USA which rippled into UK politics with ‘Black Lives Matter’ demonstrations across the country. Further, the Covid-19 crisis and the lockdown has seen a deeply worrying rise in domestic violence\(^{46}\) as well as a rise in racially motivated hate crime.\(^{47}\) The crisis has also hit care homes particularly severely.\(^{48}\) Finally, the government has faced extensive criticism for not providing sufficient quantities of personal protective equipment to frontline health staff\(^{49}\) and for failing to get a test and trace programme up and running.\(^{50}\)

On the economic side, the government’s intervention has been on a huge scale\(^{51}\) and one which received notable praise.\(^{52}\) However, despite the size of the intervention to support businesses and individuals, it has also been pointed out that in relation to other countries it is comparatively modest.\(^{53}\) In addition, according to the OECD the UK is projected to be one of the worst hit amongst leading economies.\(^{54}\) This is partly because of the seriousness of the outbreak in the UK and because the UK’s large service sector has suffered particularly badly.\(^{55}\)

5. Discussion

A crisis on the scale of Covid-19 would challenge the capabilities of any government (except one led by Jacinda Ardern it would appear). However, even in that context the UK government seems to have particularly struggled. A refusal to take


the crisis seriously until it was well developed has arguably contributed to the very high number of deaths related to Covid-19. The reasons for the government’s initial hesitant and often faltering response is no doubt something that will be debated for a long time to come. However, a number of factors will have played in.

One is probably that in Boris Johnson, the UK has a Prime Minister who has a career long reputation of not quite following ‘the rules’. Johnson is someone who almost revels in making mistakes.\(^\text{56}\) He has been described as ‘almost pathologically unwilling to follow other people’s rules, obligations, or impositions’\(^\text{57}\) and on March 3 declared ‘I was at a hospital the other night where I think there were actually a few coronavirus patients and I shook hands with everybody, you’ll be pleased to know, and I continue to shake hands.’\(^\text{58}\) Considering his character Johnson seems temperamentally disinclined to impose strict rules on others.

**Brexit**

In addition, the whole UK political system has been consumed by Brexit since the referendum in 2016. Having recently won a big majority and finally succeeded in ‘getting Brexit done’ the government was arguably focused on its own success and the possibilities it raised for Johnson’s domestic agenda and an unwillingness to be side-lined by a health crisis. One senior Conservative is said to have admitted to a certain degree of overconfidence within the government,\(^\text{59}\) which is perhaps understandable given the circumstances. However, even if understandable, that overconfidence had serious consequences.

**The Boris Johnson Factor**

A final factor in the government’s problematic response as the crisis has continued to escalate is the fact that this is a government dominated by Boris Johnson. Many factors played into the Conservative victory in December 2019, but one was the appeal of ‘Boris’: “‘Time after time,’” one Labour campaigner who worked for [former Labour MP Phil Wilson]\(^\text{60}\) told me, “we heard, ‘I’m lending my support to Boris.’” Boris, not the Tories.\(^\text{61}\) The central force behind the government is clearly Boris Johnson and his very distinctive personality. However, when Boris Johnson himself was taken ill with Covid-19 on March 27, and then entered intensive care in hospital on April 6, that central force was missing. The government continued functioning, but Johnson’s absence was keenly felt.

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\(^{60}\) Former MP for Sedgefield, Tony Blair’s former seat, now held by the Conservatives.

6. Concluding Remarks

Simply looking at the raw numbers it would be difficult to conclude that the UK government got their Covid-19 response right. There have been too many deaths for that to be the conclusion. It is difficult to disagree with the conclusion of the Financial Times that:

ministers failed to take the pandemic seriously enough – and hence to prepare – early enough, then moved to lockdown too late. In the 10 weeks since then, the government has failed to get back on the front foot\textsuperscript{62}

The immediate consequences of government errors are easy to see in terms of the number of infected and dead. What the long-term political consequences will be is difficult to predict. There is a long way until the next election so there is seemingly plenty of time for the Conservative Party to recover their standing with the electorate. However, the last time the Conservative Party lost power in 1997 they were still struggling with their failed response to the Black Wednesday financial crisis in September 1992, after which no opinion poll showed a Conservative lead. The Conservative Party’s polling numbers are still ahead of Labour, but the 1992-7 period shows that one mismanaged crisis can cause permanent harm to a party’s standing.

\textsuperscript{62} Financial Times View ‘Trust in the UK government has been badly dented’ \textit{Financial Times}. 5 June 2020. Available online: https://www.ft.com/content/2b5f0bb0-a668-11ea-92e2-cbd9b7e28ee6 [Accessed 04/07/2020].
1. Key Facts

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<td>(prior to the pandemic)</td>
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2. Executive Summary

- Germany has experienced one of the world’s higher numbers of coronavirus cases but with significantly fewer fatalities than comparable countries
- Key to Germany’s response has been high levels of testing, reaching more than 300,000 tests per week by mid-March
- Germany’s well-funded healthcare system has so far had sufficient capacity and resources to deal effectively with the pandemic
- The government health agency, the Robert Koch Institute, has played a prominent informational role during the crisis
- The country’s lockdown, introduced in mid-March, was only partial compared with its peers and was coordinated between federal and state-level leaders. These measures were eased in stages from late-April, then again in early and late-May.

3. Country Intro

Germany is a parliamentary democracy and federal republic. German democracy consists of a bicameral federal parliament in Berlin, comprising the Bundestag, the lower house directly elected every four years, and the Bundesrat, the upper house of state-level representatives. The most powerful politician is the Chancellor of the Bundestag, currently Angela Merkel, who has served in the position since 2005. The country’s federal system consists of 16 states. These states have significant powers, such as in healthcare policy and also have some discretion in tax-
raising and spending. The 1949 constitution, the ‘Basic Law’,\(^\text{63}\) outlines clear separation of powers within a federal republic, meaning—among other things—coalition governments (the federal government is currently a grand coalition between the conservative Christian Democrats (CDU)\(^\text{64}\) and Social Democrats (SPD)) and compromise are the norm rather than the exception, many powers are devolved to the states and the federal government is wary of exercising draconian measures.\(^\text{65}\)

The German economy, having been dubbed the ‘Sick Man of Europe’ in the late 1990s has boomed since the Schröder ‘Agenda 2010’ reforms and adoption of the Euro.\(^\text{66}\) A mixed economy powered by a dominant manufacturing sector, Germany is also well-known for its Mittelstand of small and medium sized enterprises (SMEs) producing high tech goods and services as well as large finance and pharma sectors. Germany has benefitted from the Euro in boosting its large export sector and therefore is vulnerable to shifts in global supply chains and suppression of global trade. The federal government is traditionally fiscally conservative, another hangover from history and post-WW1 hyperinflation, passing a constitutional amendment in 2009 forbidding budget deficits (the schwarze Null or ‘black zero’)\(^\text{67}\) and as a result has recently posted large budget surpluses and paid down government debt. Germany has a progressive tax code, and a mixed employee/employer health insurance scheme. Healthcare is operated by hundreds of local and state-level public and private providers.

Key Dates

**January 27 2020**: Date of first recorded case near Munich  
**January-February**: Testing developed and stockpiled  
**March 9**: Date of first recorded death  
**Mid-March**: Testing reaches 300,000 per day  
**March 24**: Date of 100th recorded death  
**March 13-22**: Lockdown entered  
**April 20**: Small shops allowed to reopen  
**May 6**: Further easing of restrictions  
**May**: Weekly anti-coronavirus measures protests across Germany  
**May 20**: Most lockdown measures removed or relaxed  
**June**: Lockdown further relaxed but some new clusters of the virus emerge

4. Political and Policy Responses

Germany’s first case of Covid-19 was recorded on January 27 near Munich and, similarly to other European countries, was followed by a lull in terms of policy

\(^{63}\) The shadow of the Weimar and Nazi periods hang over German democracy. The 1949 constitution was written, under supervision of the US, in an attempt to avoid the crises of the 1918-45 period.

\(^{64}\) The conservative bloc in Germany is known as the Union, an alliance between the Christian Democrats (CDU) and its Bavarian sister party, the CSU. Union candidates for Chancellor are usually chosen from the CDU rather than CSU.

\(^{65}\) This is also linked to the experience of widespread surveillance during the Cold War in East Germany by the notorious Stasi, as well as the Nazi past. Germans are particularly sensitive to issues of data protection and observation by the state.


\(^{67}\) The 2009 debt brake constitutional amendment meant German states are not allowed to run any structural deficits while at the federal level the government is permitted to run a maximum deficit of 0.35% of GDP.
response. Health Minister Jens Spahn, a rising star in the CDU and an unsuccessful challenger to succeed Merkel in 2018, made a number of public appearances attempting to reassure Germans that the risks of coronavirus were low and in any case the country was well-prepared for a potential health challenge.

**Calm Before the Storm**

It subsequently emerged that German healthcare providers, labs and the federal government used this time in January and February to develop a Covid-19 test and stockpile testing reagents. A large number of Covid-19 cases arrived in Germany relatively late, compared to say Italy. In fact, it is thought that a significant number of cases were actually brought back from northern Italy by skiing holidaymakers during February. The first major cluster was recorded in Heinsberg, a district that borders the Netherlands, where the virus spread at a *Karneval* celebration.

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liberties.70 Nevertheless, the federal government had to concede that something more intrusive was demanded by the German public by mid-March.71

Public gatherings of ever smaller numbers were banned and social distancing measures encouraged in early-March.72 A partial lockdown at the federal level came into force on March 13, including school closures, and this was strengthened on March 22.73 Bavaria was first to enact stricter lockdown measures during that week, followed by a set of restrictions coordinated between Merkel and the state premiers. The exact conditions, however, were decided and imposed at the state level.

The number of Covid-19 cases soared in March and April, surpassing every European country apart from Italy and Spain. Germany recorded its 100th death on March 24, passing 100,000 cases on April 8 and by the end of May had recorded 181,000 cases and 8,500 fatalities. The scientific response was led by the Robert Koch Institute (RKI), a government agency. Its head, Lothar Wieler, was ever present on German media during March and April, providing sober analysis of the situation.74 The RKI has been responsible for collating Germany’s data on the pandemic. It soon became clear, however, that Germany, despite the high number of recorded cases, was experiencing relatively lower numbers of fatalities compared to other countries.75

**Merkel Grips Crisis**

Angela Merkel initially came in for criticism for a sluggish response in Berlin but having gripped the situation in mid-March her approval ratings soared.76 State premiers received plaudits for their handling of the lockdown, most notably the CSU’s Markus Söder in Bavaria who is even being talked about as a possible CDU/CSU candidate for chancellor at the 2021 federal elections. As elsewhere, the crisis has caused a spike in voter support for the governing party.77 In Germany’s case the CDU has surged to almost 40% in opinion polls (translating to a 20-point lead), from around

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75 By the end of May it had recorded 8,500 deaths from the disease, 10 per 100,000 inhabitants, compared to Netherlands with 34, France with 43, Italy with 55, and the UK with 58, per 100,000 inhabitants, respectively.


27% in January, coming at the expense of the opposition parties. Of these, the Free Democrats (FDP) have been particularly critical of the government response, falling to barely 5% in the polls for their troubles. The SPD, however, has remained around 15% despite its role as coalition partner. The Greens, in particular, have lost ground, having increased in popularity since the last federal election (overtaking the CDU in some polls in 2019) while the far right AfD faded from view until it became involved in anti-coronavirus lockdown demonstrations, convened by a motley assortment of libertarians, far right populists and conspiracy theorists, in May. In general, however, support for the lockdown has remained strong and adherence to the rules high.

### Partial Lockdown

The federal lockdown guidance was less severe than many countries. All schools were closed and many businesses and factories were shut, but this was by no means a complete shutdown. There were no limits on how many times people could leave their homes and although social distancing was in place, monitored by local police, Germany’s measures can only be described as ‘partial lockdown’ and have been less severe than other European countries. Many of the measures to enter shops and supermarkets, for instance, were decided at local or business level.

From April 20 small shops were allowed to open with social distancing guidance still in place. The lockdown was officially relaxed after eight weeks. Kindergartens and schools were also gradually reopened. From May 6 the federal government in Berlin essentially left all lockdown decisions to the states, who had received a public reprimand from Angela Merkel shortly beforehand for seeking to move too quickly. The RKI was also initially sceptical about the pace of easing but has since been more supportive, and confident that Germany has the pandemic under control.

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subsequently focused on the districts that have seen new clusters and required further lockdowns, most notably after more than 1,500 workers at the Tönnies meat-packing factory in Gütersloh in North Rhine Westphalia became infected in June.\(^\text{84}\) Nevertheless, by the end of May the country’s economy was beginning to restart and social life settling into a ‘new normal’.

### Economic Crisis Measures

The economic situation started to look very worrying soon after lockdown was introduced. The *Kurzarbeit* furlough scheme, established during the 2008-2009 financial crisis, was reintroduced and extensive federal and state-level economic support injected to help ailing businesses.\(^\text{85}\) As a result, it was clear that Germany would need to scrap its ‘black zero’ rule and run a serious budget deficit. Fortunately for the federal finance ministry, due to its decade of fiscal prudence the country is in much better shape than its peers to fund economic support measures without tipping the public finances into critical levels of debt.\(^\text{86}\) Government spending is likely to be significant as the key pillars of Germany’s economy, manufacturing and exports, will see a collapse in output and demand over the course of 2020.

### 5. Discussion

The international press has praised Germany’s response to the pandemic, often using it as a counterpoint to the failings in other countries. The real picture is more mixed, despite overall competent handling of the crisis. The German media have identified points of criticism, particularly in the early phase of the crisis.\(^\text{87}\) Certainly Germany appears to have benefitted, in comparison with a number of other countries, from the rather more sober and technocratic nature of its leaders.

### Competence and Organisation

It should be remembered that Chancellor Angela Merkel has 15 years’ experience as leader and has weathered numerous other storms.\(^\text{88}\) Merkel’s unflappable style has come into its own during the current crisis, some commentators juxtaposing her crisis management with her less inspiring record in normal times.\(^\text{89}\)

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\(^{86}\) Germany’s debt-to-GDP ratio was 61.9% in 2018, relatively low for other developed economies while the country registered a budget surplus of EUR 13.5 billion, or 1.4% of GDP, in 2019. Currently this is predicted to become a deficit of 5.5% in 2020.


\(^{88}\) The 2008-09 global financial crisis, several eurozone debt crises and the 2015 refugee crisis to name the most high-profile.

Her extended explanation of the ‘R’ rate on April 16, for instance, was a triumph of political communication and a demonstration of the Merkel style *par excellence.* The coalition government is full of competent politicians who rarely set pulses racing. One of these, Jens Spahn, reflected on Germany’s ‘success’ during the coronavirus crisis by attributing the country’s effective response to the capacity and quality of its healthcare system, that Germany wasn’t the first country to be hit by the pandemic and the large number of labs available to carry out testing. Testing, in particular, seems to be the crucial component in Germany’s efforts to keep Covid-19 fatalities to a relatively low figure. In May, the RKI stated that over 300,000 tests had been performed per week since mid-March.

**German Chancellor Angela Merkel**

Germany’s health care system has proved robust in coping with the pandemic. In addition, the country already had large numbers of ventilators before the crisis. Others have pointed to Germany’s ‘luck’ during the crisis; as well as not being one of the first to experience the full impact of Covid-19, the demographic of early cases was, on average, younger. Allied to this has been the informational role of the RKI, which has produced detailed daily data, including new cases in each of Germany’s 401 administrative districts. These figures have been crucial in easing the lockdown. The institute also monitored how many of the cases recovered, showing the progression of the disease across the country as a whole. A combination of these factors—high

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levels of testing, up to date information and some good fortune—have all contributed to Germany’s relatively low fatality rate.

**Robust Institutions**

Structurally Germany appears to have benefitted from its devolved governance arrangements. Initially there was some debate over whether the country’s federal system would be a help or a hindrance. Nevertheless, that states can make significant decisions without the approval of Berlin appears to have taken the pressure off central government and allowed for more decisive action at the local level. With several months of the crisis now behind us, federalism seems to be one of Germany’s key strengths in its approach to the pandemic. The country’s past has also played a part so far, as seen in the authorities’ reluctance to draw too much power to the centre or to initiate an overly draconian lockdown. With the crisis far from over only time will tell how Germany emerges from the Covid-19 pandemic but for now, its institutions have performed relatively well in keeping the worst of the virus’s impacts at bay.

6. Concluding Remarks

Germany’s response to the Covid-19 pandemic can be considered relatively successful, particularly when compared with other European countries. Following weeks of apparent uncertainty in February and March, the country moved seamlessly into crisis mode, accelerating the testing it had developed since January, initiated lockdown measures coordinated between federal and state leaders and achieved wide-spread public consent at every stage. Germany’s structural strengths have played a major part in weathering the coronavirus storm: a federal system allowing for flexible local responses, a sophisticated industrial and pharma base, high levels of trust between the public and the authorities, and experienced technocratic leaders. On the flip side, Germany’s economy—reliant on exports, global trade and supply chains—is likely to be severely impacted by the worldwide lockdowns. The next phase of the crisis will further test the country’s institutions and economic structures.

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96 Oltermann, ‘Germany’s devolved logic’.
Chapter 3: Romania, Associate Professor Radu Cinpoes

1. Key Facts

<table>
<thead>
<tr>
<th>Key Fact</th>
<th>Data</th>
</tr>
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<tbody>
<tr>
<td>GDP (prior to the pandemic)</td>
<td>ROM 1,059 billion overall (US$12.878 per capita), 2019</td>
</tr>
<tr>
<td>Money spent on health-care (prior to the pandemic)</td>
<td>US$14.5 billion, 2019 (5% of GDP)</td>
</tr>
<tr>
<td>Population (prior to the pandemic)</td>
<td>19,405,000 in 2019</td>
</tr>
<tr>
<td>Life expectancy (prior to the pandemic)</td>
<td>75.31 in 2017</td>
</tr>
<tr>
<td>Date of first recorded case</td>
<td>February 26 2020</td>
</tr>
<tr>
<td>Date of first recorded death</td>
<td>March 22 2020</td>
</tr>
<tr>
<td>Date of 100th recorded death</td>
<td>April 4 2020</td>
</tr>
<tr>
<td>Date lockdown entered</td>
<td>Full closure of schools and distancing measures for food shops on March 9, universities closed and further restrictions on outdoor events on March 10, state of emergency declared on March 16 for 30 days, later extended for another 30 days.</td>
</tr>
<tr>
<td>Number of confirmed cases (overall and per 100,000 population)</td>
<td>26,582 (138.18 per 100,000)</td>
</tr>
<tr>
<td>Number of confirmed deaths (overall and per 100,000 population)</td>
<td>1,612 (8.28 per 100,000)</td>
</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>State of emergency replaced by state of alert on May 15 2020, further ease of restrictions on June 1, but the state of alert is maintained until July 15 2020.</td>
</tr>
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2. Executive Summary

- As the Covid-19 pandemic spread globally, Romania stood out in Central and Eastern Europe with the largest comparative number of deaths and the largest number of infections per million people
- The Covid-19 virus reached Romania at a time of political instability, with a PNL minority government having been toppled by a vote of no confidence
- A virtually identical minority cabinet was sworn in under special conditions, to deal with the crisis
- The Government policy response was decisive with early escalation to a state of emergency and total lockdown, and a militarised approach in place
- Policy implementation was marred by clientelism, negligence, incompetence, and hypocrisy by authorities, a weak and underfunded health system and localised pressures from the return of large numbers of Romanians working abroad in critically affected areas
3. Country Intro

Romania is a semi-presidential representative democracy, with the President (currently Klaus Werner Iohannis) as Head of State and the Prime Minister (currently Ludovic Orban) as the Head of Government. The legislature is bi-cameral, with members of the Chamber of Deputies and of the Senate elected on a four-year term using a mixed member proportional representation system. The president is elected through a two-round system and since 2004, the term has been extended to five years (a change from the post-1989 four-year system), which led to the de-coupling of parliamentary and presidential elections. The country was one of the late joiners of the European Union, acceding (alongside Bulgaria) in 2007.

According to the Romanian National Institute for Statistics (INS), on January 1, 2019, the resident population was 19,405,000. It is difficult to estimate the total population, given that the INS figures refer to Romanian, foreign, and stateless people that normally reside for more than twelve months. Furthermore, government sources estimated that in 2019 there were approximately 9.7 million Romanians living abroad. The country also boasts a shameful ‘accolade’: 17 per cent (3.4 million) of the population left the country since it joined the EU – the largest exodus in peace time Europe. Only war-torn Syria topped this number over the same period of time. The main destination country is Italy, and nearly half of 1.2 million Romanians there reside in the Northern Italy regions affected by the Covid-19 pandemic (Lombardy, Piedmont, Emilia Romagna and Veneto). Also pertinent to the scope of this report, Romania has a deficient health system, ranked at the bottom of the EU table, with only Albania occupying a worse position in Europe.

Key Dates

**January 29 2020**: The first significant action taken by the Romanian authorities with regards to the Covid-19 threat follows the January 29 2020 meeting of the Technico-scientific group concerning the managing of highly contagious diseases across the territory of Romania. Joint representatives of the Ministries of Internal Affairs, Health and National Defence take decisions on the emergency acquisition of PPE and other relevant medical equipment, on the framework for constituting and managing emergency equipment stocks and for the allocation of emergency budgets for the relocation of Romanian citizens abroad affected by the developing health crisis.

**February 5**: The first National Liberal Party (PNL) minority cabinet led by Ludovic Orban is brought down by a no-confidence vote. The cabinet remains in place until the new one is sworn in.

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Throughout February: Quarantine is introduced for people returning from affected areas ahead of the first case being officially confirmed (February 1 for people returning from Hubei, China, and February 24 for people returning from Northern Italy)

February 26: The first case of infection with the Covid-19 virus is officially confirmed

March 14: The second PNL minority cabinet led by Ludovic Orban is sworn in under special conditions

March 16: A state of emergency is introduced by President Klaus Iohannis

March 18 Onwards: Authorities start making widespread use of military ordinances to pass decisions concerning the pandemic (twelve such ordinances are passed between March and May)

March 30: The whole town of Suceava (an infection hotspot) and some neighbouring villages are placed under full quarantine through a military ordinance, followed by Țăndarei town on April 4

May 15: The state of emergency is replaced with a state of alert

4. Political Responses

The Romanian Government has come under severe internal criticism for its response to the Covid-19 pandemic. This stems from the fact that the country appears as an outlier compared to other EU member states in Central and Eastern Europe (CEE) in regard to the spread and impact of the virus. As of June 30 2020, Romania has the highest number of Covid-19 related deaths (1612) as well as the highest mortality rate per one hundred thousand people (8.28) out of all eleven EU members in CEE.100

The political context in Romania helps explain these poor comparative statistics, with a high level of volatility, polarisation and fierceness in public debates concerning the response to the pandemic. Following the May 2019 incarceration of Liviu Dragnea101 for corruption, the third PSD cabinet in as many years collapsed in October 2019, after a vote of non-confidence. Since then, the National Liberal Party (PNL) has been governing in minority on a confidence-and-supply basis. Prime Minister Ludovic Orban (PNL leader) has already seen the fall of his first, interim, cabinet that lasted for only three months (November 2019 to March 2020). His current cabinet was sworn in on March 14 under special conditions, in the context of the spread of the Covid-19 virus throughout the country.102 The first case of infection with the virus had officially been confirmed on February 26, suggesting that the cabinet was likely voted in by the parliament despite being virtually identical to the previous

100 John Hopkins University, Mortality Analyses. [Accessed: 1/7/2020]. The EU members in CEE included in the comparison are: Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia. Poland is the only country in the group that has a higher number of confirmed cases (34,393) but a lower number and rate of deaths (1477 and 3.89 respectively).

101 Liviu Dragnea is the former leader of the Social Democrat Party (PSD) and the party éminence grise responsible for the replacement of two of his own prime-ministers and cabinets, while commanding a parliamentary majority in alliance with minor partner Alliance of Liberals and Democrats (ALDE).

102 The Cabinet was voted and sworn in behind closed doors, in social distancing conditions, with one member having been confirmed Covid-19 positive and several other ministers in quarantine. See, for instance:

one, due to the emergency created by the spread of the virus. With local elections meant to take place in June and parliamentary elections by the end of this year, it seems that, instead of seeking to form a majority government themselves (as the largest group in the Parliament), the PSD was happy to let the PNL deal with the developing pandemic crisis. This has enabled the PSD to criticise the government for its response to it in the hope that it could bank on any policy failures, while emphasizing their own achievements at local level in the fight against the spread of the virus.

5. Policy Responses

Romanian authorities responded early to the pandemic and escalated the level of restrictions as information emerged internationally. On January 29 2020, the Department for Emergency Situations (DES) issued a decision concerning the urgent acquisition of PPE equipment, ventilators, and other medical equipment – a day before the WHO declared the Covid-19 outbreak a public health emergency of international concern – and on February 1 it introduced a fourteen day quarantine for people arriving from China.

Measures Ramped up Early

Measures were ramped up through a series of further decisions by the DES in the early stages: quarantine or self-isolation for people arriving from the Lombardy and Veneto regions (February 24) three days after the lockdown introduced by the Italian authorities there, closure of schools with confirmed cases and cancellation of events with more than 1,000 participants (March 6), suspension of flights to and from affected areas such as Italy, China, Iran and South Korea (March 7), full closure of schools, and disinfection and distancing measures imposed on food shops and restaurants (March 9) and restrictions on indoor events over 100 people and closure of universities (March 10).

A State of Emergency

On March 16, five days after the WHO declared the spread of the virus a pandemic, President Klaus Iohannis instituted a thirty-day state of emergency, which was subsequently extended for another month. At that time, Romania only registered around 140 cases and no confirmed deaths (the first coronavirus death was registered at the time of writing, the Orban government proposed the end of September for the local ones and early-December for parliamentary ones, but this is a decision that according to a recent ruling by the Romanian Constitutional Court belongs to the Parliament.

See, for instance:


A full list (including the text) of these official documents is publicly available on the Romanian Government website, see: Guvernul României, Măsuri (2020). Available online: https://gov.ro/ro/masuri [Accessed: 3/06/2020].
on March 22). The presidential decree formally restricted the right to free movement, to family and private life, inviolability of domicile, the right to education, to freedom of assembly and to private property, the right to strike and economic freedom. Several government emergency ordinances followed, detailing fiscal and social protection measures that included additional funds for the healthcare system, delaying budgetary obligations of self-employed people and companies, partial coverage of wages to parents staying at home for childcare needs caused by school closures, (an initial, one month) payment to self-employed people and employees at risk of losing their jobs, deferral of payments of utility services for SMEs, as well as a number of loan guarantees and subsidies aimed at SMEs.

Romanian President Klaus Iohannis

Militarised Response
In an escalating manner, military ordinances replaced the emergency ones, leading on March 24 to a total lockdown, with self-declaration forms required to leave the house, and hefty fines for non-compliance.\(^{106}\) The militarised response to the crisis became even more visible, when Suceava – a midsize town in Northern Romania – became a Covid-19 hotbed accounting by the end of March for over a quarter of the total number of cases in Romania. These were clustered around the local hospital, where around 181 medical workers including some 40 doctors got infected due to a lack of protective equipment and poor management by the hospital bosses and the local health administration. In order to tackle the crisis, the management was sacked, the military was put in charge of the hospital, and the town and some neighbouring areas were placed under quarantine.\(^ {107}\) A full quarantine was also instituted in

\(^{106}\) Guvernul României, Măsuri.
Țândărei – a small South-Eastern town with a large number of people that had returned from abroad. Notably, while the ordinances placed suspension on all flights to and from a large number of countries, charter flights for seasonal workers leaving Romania were exempted from the restrictions. This led to harsh criticism of the government for allowing for restrictions to be breached, as thousands of people travelled from various parts of the country (including Suceava) in packed buses to Cluj and Iași airports, in order to fly to Germany for seasonal agricultural work. A blame game ensued, with Prime Minister Ludovic Orban calling for an inquiry and the transport minister and local authorities laying the blame at the door of the employment agencies facilitating the work contract.

Suceava, Romania

On May 15, the state of emergency was replaced by a state of alert, and restrictions were gradually lifted. From June 1 a further wave of easing took place, allowing for unrestricted non-local travel, non-contact sport competitions, outdoor events with up to 500 participants, the opening of beaches and of outdoor restaurants and bars under social distancing conditions. Although various other measures were relaxed (some flight routes were re-opened, churches were opened for mass but with restricted numbers), in mid-June, the state of alert was extended for another thirty days. With the number of infections growing again, the government has already hinted that it is prepared to re-introduce the state of emergency if the situation requires it.

6. Discussion

By and large, in terms of policy, the Romanian government responded early to the escalating crisis, and aligned its measures to the advice coming from the WHO.

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108 Guvernul României, Măsuri.
109 Further criticism followed, as information emerged of alleged exploitative conditions and flaunting of any distancing regulations that workers faced in Germany. Despite all this, further flights with seasonal workers were allowed to Germany, Austria, the UK, in what was labelled by critics an illustration of double standards in the EU. See, for instance:


The measures were vigorous (with relatively early restrictions and lockdown, strongly controlled movement of people and full local quarantines in extreme cases). It is arguable that without such measures, the spread of the virus would have been much more severe.

A Weak Health System burdened by Clientelism and Incompetence

Despite such measures, Romania still saw a high number of infections. This is explained by a number of factors. Firstly, due to its extremely poor state, the health system was unable to cope with the implementation of the measures. In heavily affected areas, hospitals and health workers were overwhelmed by the sheer pressure and the lack of resources (staff, PPE and other medical equipment). A tradition of a politicised and clientelist approach to leadership appointments led to negligence and incompetence by hospital managers and local authorities,110 which made a bad situation much worse. This happened in the context of heightened pressures generated by the return of a large number of Romanian citizens working abroad, often from affected areas (such as Northern Italy). This led to chaotic scenes at the borders, with poor management of flow and lack of distancing measures. Early decisions concerning the acquisition of PPE and medical equipment were marred by further accusations of clientelism and corruption. The National Anticorruption Department (DNA) is so far investigating thirty-three criminal cases concerning public acquisition of equipment during the pandemic.111

Authoritarian Reflexes

The approach to dealing with the pandemic exposes an embedded authoritarian ‘reflex’ by the Romanian state, which becomes even more visible in crisis situations. Bypassing parliamentary scrutiny and governing through emergency ordinances has long been a feature of successive cabinets (irrespective of political colour). While, these could be somewhat justified in a state of emergency, the over-militarised (through military ordinance, military take-over of some hospitals, etc.) approach is more problematic, as it provides an anti-democratic ‘shortcut’ through political failure. In this vein, the hard-line approach by the police to enforcing the lockdown through issuing fines has been extremely punitive, instead of opting for compliance through winning public trust.112 By contrast, there was a sense of hypocrisy from the authorities in deliberately exempting chartered flights for sessional workers from the travel cancellations (as the military ordinances show), and failing to take responsibility for the chaos and lockdown breaches that ensued (as well as

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110 Several examples of blunders and negligence were reported in the Suceava case, and have led to the sacking of the hospital director and manager and the launch of a criminal investigation.

See, for instance:


112 200,000 fines totalling £69 million were issued in less than a month, during the March – April period. The steep fines ranged between 2000 and 10,000 lei (approx. £365 - £1840), in the context in which the average wage in Romanian is just under £1000.

creating a real threat of infections spiking again when seasonal workers return, given the poor working conditions and infection cases already emerging among those groups). While allowing seasonal workers to leave Romania, the authorities effectively abdicated from their responsibilities towards Romanian citizens working abroad. The President launched a public appeal to citizens abroad not to return home for the Easter holiday (without any apparent consideration for the precarious situation in which some found themselves, due to pandemic related job losses and lack of social welfare protection). Finally, authoritarian tendencies led to conflict with rights groups and other state institutions, and the government response has not been reassuring in terms of its respect for the separation of powers. Human rights groups criticised the government approach to the state of emergency, stressing the threat to the transparency of public decisions, as well as to the right to information and knowledge. Some of these concerns were echoed by the Organization for Security and Co-operation in Europe’s representative for press freedom. The Romanian Constitutional Court ruled that the fines imposed for lockdown breaches were unconstitutional. Later, on a different matter, it also ruled that the government did not have the remit to re-schedule the dates for the local and parliamentary elections (that task being the responsibility of the government), which led the Deputy Prime Minister to attack the decision as ‘madness’, claiming the Court was undermining the ability of the state to function.

7. Concluding Remarks

All in all, the Romanian government response to the Covid-19 crisis was a case of ‘good intentions’ paving the ‘road to hell’ consisting of a pandemonium of negligence, corruption and implementation failure, in the context of a strained health system and a large influx of people returning from highly affected areas in Northern Italy. The declining rate of infections and the lifting of restrictions could bring political conflicts back into the open. On the other hand, given the sudden lifting of restrictions the risk of a second wave of infections is significant. It is likely that the opposition parties, and the PSD in particular, are going to be less inclined to prop the current PNL minority government. With elections approaching, the political battle is going to be on the dilemmas between public spending and austerity policies in dealing with the still ongoing Covid-19 crisis and the looming post-pandemic economic crisis.

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Chapter 4: Bulgaria, Dr Nevena Nancheva

1. Key Facts

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<thead>
<tr>
<th>Key Fact</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (prior to the pandemic)</td>
<td>€8,678 per capita (BGN118,669 billion/€60.7 billion overall), 2019</td>
</tr>
<tr>
<td>Health-care spending (prior to the pandemic)</td>
<td>5% of GDP for 2019 was spent on healthcare (the EU average is 9.8%). Bulgaria had 2,063 intensive care hospital beds and 1,463 assisted breathing machines.</td>
</tr>
<tr>
<td>Population (prior to the pandemic)</td>
<td>6,951,482.</td>
</tr>
<tr>
<td>Life expectancy (prior to the pandemic)</td>
<td>74.9 years.</td>
</tr>
<tr>
<td>Date of first recorded case</td>
<td>March 4 2020</td>
</tr>
<tr>
<td>Date of first recorded death</td>
<td>March 11 2020</td>
</tr>
<tr>
<td>Date of 100th recorded death</td>
<td>May 16 2020</td>
</tr>
<tr>
<td>Number of confirmed cases (overall and per 100,000 population)</td>
<td>4,691/ 67.51 per 100,000 people</td>
</tr>
<tr>
<td>Number of confirmed deaths (overall and per 100,000 population)</td>
<td>219</td>
</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>Beginning of May 2020</td>
</tr>
</tbody>
</table>

2. Executive Summary

- An early imposed stringent nation-wide lockdown, facilitated by contingent factors such as regular school closures during winter flu epidemics, enabled the containment of the virus and limited deaths
- The response was muscular, dressed in military uniforms, but was gradually eased as the pandemic was seen to have peaked, and public fatigue escalated
- Questions were raised of the transparency and accountability of the decision-making during the pandemic but, within a general climate of political mistrust, those did not cause public protest

3. Country Intro

Bulgaria is a parliamentary republic and a unitary state. It embraced democracy and a market economy after the collapse of communism in 1989, and has undergone significant transformation since then to gradually become an upper-middle-income country.  

major ethnic minorities are Turkish (10%) and Romani (3%). Life expectancy at birth is 74 years.

The head of state is the President, currently Rumen Radev elected in 2017, who has representative and some veto powers (Radev exercised these during the handling of the pandemic). The Prime Minister holds the executive power. The current Prime Minister, elected after a snap election in 2017, is Boyko Borisov. He first held this office in 2009 as leader of the new conservative party GERB. The current government is formed by a collation between Borisov’s party GERB and the United Patriots, a recently formed nationalist alliance.

Since 2007 Bulgaria has been an EU member state and held the Presidency of the Council of the EU in the first half of 2018. Currently, Bulgaria is not a Schengen area or a Euro zone member, but has pledged to meet the conditions to become one. According to its own official statistics, Bulgaria’s population in 2019 was 6,951,482, the majority of which live in urban areas (5,125,407 people). The state is divided in 28 provinces around regional town centres (including the capital Sofia) and the regional governors are appointed by the government.

Bulgaria’s economy is centred around industry, trade, and public services. It exports and imports primarily within the EU. Its major exports outside the EU go to Turkey and China, and major imports come from Russia and Turkey.

Key Dates:

**February 24 2020**: National Security Council emergency sitting to discuss responses to the Covid-19 pandemic
**March 4**: First recorded case in Bulgaria
**March 11**: First recorded death
**March 12**: Council of Ministers evening sitting decides on enforcing a state of emergency.
**March 13**: Emergency situation declaring a national lockdown for a month and Bill on the relevant measures introduced into Parliament
**March 23**: Emergency Law enacted
**April 3**: Emergency situation continued for another month until May 13
**May 1**: Lockdown measures begin to lift
**May 13**: Emergency situation lockdown ends and epidemiological monitoring enacted

4. Political Responses:

In the early onslaught of the Covid-19 pandemic in Bulgaria, the Prime Minister Borisov called his cabinet for an emergency sitting of the National Security Council on February 24. Convinced that ‘people respond well to discipline’, he set up a dedicated muscular new body to coordinate the response: the National Operative

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120 As per *Order No R-37/26th Feb 2020* of the Prime Minister of the Republic of Bulgaria Boyko Borisov.
Headquarters (HQ). Representing the Military Medical Academy, the Ministry of Interior, Border Police, the Health Inspectorate, and the Ministry of Health, HQ was led by GenMaj Ventsislav Mutafchiyski (a surgeon and the head of the Military Medical Academy). GenMaj Mutafchiyski became the uniformed face of the response and the counsel behind all ministerial decisions (as well as the subject of countless social media memes).

At HQ advice, and after the number of known Covid-19 cases in the country rose from 7 to 23 in a single day, a late evening sitting of the Council of Ministers was called on March 12, at which Borisov called for a National Emergency Situation to be declared by Parliament the next day. The provision for such a step is contained in the Constitution (Art. 84(12)) which gives the possibility of a martial or emergency situation to be proposed by the President or the Council of Ministers.

The fact that the Prime Minister, and not the President, took the lead on the response is characteristic of Borisov’s government. The open feud between the head of state and the head of government has been public since Borisov resigned from his second mandate as Prime Minister following the socialists-backed election of Radev in 2017. In the weeks and months preceding the pandemic, the two had clashed in the media because of revelations of eavesdropping on the President by the security agency of the Ministry of Interior, whilst in 2019 they had clashed because of the appointment of Ivan Geshev as Chief Prosecutor and as a result of public funds being allegedly used for party election campaigns.

A Bill on the Measures during the Emergency Situation prepared by Borisov’s party was introduced to Parliament on March 13 and was fiercely debated in the days that followed, through 19 proposals for amendments by different formations of MPs (mostly led by the opposition socialists in Bulgarian Socialist Party BSP). In the final stages of the parliamentary process, a successful presidential (partial) veto sent the Bill back to Parliament to amend disputed prison penalties for ‘spreading false information’, emergency policing powers the Bill planned for the military, the use of mobile traffic data by the security service, and a planned freeze on retail price rises. Ultimately, the President prevailed in this argument, and the law specifying the amended measures was promulgated on March 23 2020.


5. Policy Responses:

The Law on the Emergency Situation resulting from the Covid-19 pandemic included measures of limiting character, as well as economic and social measures.

**Limiting Measures**

The early limiting measures, albeit stringent, were enforced somewhat gradually, which ensured the slow spread of the virus. The March 13 Emergency Situation was preceded by partial bans on public gatherings and business closures under amendments in the Law on Health, as well as by a general two-weeks’ school closure (March 6-11) enforced by the Ministry of Health because of the regular flu epidemic (a standard winter practice in Bulgarian schools).

The Emergency Situation enforced a national lockdown. Schools remained closed, and universities followed. All public gatherings were banned, shopping malls, restaurants and cafes were closed (except for take away service), and visits to open public spaces (including playgrounds and parks) were prohibited, except to walk a pet. Banks, insurance businesses, food shops and chemists remained open (people over 60 could only shop from 6.30 to 8.30am).

Employees were to work from home, or under stricter anti-epidemiologic measures at the workplace (including airing, filters, disinfectants, and instructions on keeping a distance).

Domestic travel for non-essential reasons was banned and enforced through Ministry of Interior control points at the entry and exit of regional town centres. Only signed declarations from work or personal identification documents proving a permanent address could permit travel.

All travel to and from the country of third-country nationals was temporarily banned. A temporary ban for travel of EU member state nationals from a dynamic list of high-risk countries, updated by the Ministry of Foreign Affairs, was enforced.

One difference to the lockdown enforced elsewhere in Europe was permission for public worship within the churches of the Bulgarian Orthodox Church (including during the Orthodox Easter celebrations on April 19), although the Bulgarian Patriarch
did issue an order for extra hygienic measures. Muslim mosques were also open until the beginning of the Muslim fast, when the Chief Mufti explicitly cancelled public prayer (it was to be streamed online), and the Ministry of Health issued a travel ban for visitors of Bulgarian descent from neighbouring Turkey (who come during Ramadan).

**Economic Measures**

The economic measures the government approved featured a flagship programme for support of employers (reducing their costs) and employees (ensuring their pay), called 60/40, where the state covers 60% of employees’ pay and health contributions if they could not continue working.

The economic measures also included zero-interest credits (total budget of BGN 200m) for those unable to work, as well as unsecured credit for small and middle-sized businesses of up to BGN 300,000 (total budget BGN 500m). Micro- and small businesses could apply for grants of BGN 3-10,000 (budget BGN 173m). A series of measures also allowed postponing of interest payments and fines on credits, and facilitated administrative services for businesses. Agricultural producers, in particular Bulgarian local food producers (as per Art. 16a of the Emergency Measures Law), were protected by a separate list of measures.

The Ministry of Health, separately, authorised an additional payment of BGN 1,000 for all medical personnel actively involved in the care for Covid-19 patients (totaling BGN 4,900,000 for April).

**Social Measures**

Finally, a series of so called social measures aimed at assisting vulnerable and disadvantaged groups during the emergency situation, among them a one-off payment of BGN 375 (€192) for disadvantaged parents with children who are not protected by the 60/40 scheme, food packs for 41,000 retired people, another food programme targeting around 50,000 people in food poverty, as well as easing the general rules on welfare and in-work pensions. One of the criticized measures from this set is a rule on extending the detention of in-residence-treatment of persons with mental health illnesses until the end of the month when the emergency situation ended, thus potentially breaching their human right not to be unnecessarily detained.

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127 The 60/40 programme was widely criticised by employer organisations through the Chamber of Commerce for its ineffectiveness and discriminative character (equal pay for workers who work and those who do not work, for instance) as per: B. Mayer, ‘Businesses resent the 60/40 measure’ Forbes Bulgaria. 13 April 2020. Available online: https://forbesbulgaria.com/2020/04/13/%D0%B1%D0%B8%D0%BD%D0%B6%BD%D1%81%D1%8A%D1%82-%D0%B0%D0%B5%D0%B3%D0%BE%D0%B4%D1%83%D0%B2%D0%BD%D1%81%D0%B8%D0%B5%D1%89%D1%83-%D0%BC%D1%8F%D1%80%D0%BA%D0%B0%D1%82%D0%B0-60-40/ [Accessed 30/05/2020].

6. Discussion:

**Contained Spread**

The spread of the pandemic in Bulgaria has so far been visibly contained, as per the official figures: 219 deaths, 4,691 confirmed cases, 133,605 tested. In fact, the Office for National Statistics reports higher death rate for the same period last year, which has led many public figures to speculate on the proportionality of the government’s response.

**Rigorous Response with Gradual Relaxation**

The response to the pandemic has been evaluated overall as rigorous, with the exception of the decision to allow public worship. Not coincidentally, perhaps, the peak of the pandemic occurred in the week after the Orthodox Christian Easter (April 20-26 2020).
Nevertheless, before the end of the extended emergency situation, the most restrictive of the measures were being relaxed: public park walks with children under 12 were allowed from as early as April 26, mandatory wearing of face masks was lifted on May 1, individual exercise and attending public parks and spaces were permitted from May 3, while open-space cafes were opened and travel without explicit authorisation allowed from May 6 2020.

This gradual relaxation of the lockdown was visible in the change of format and appearance of the regular HQ briefings: the uniformed head of HQ appeared in civil clothes (May 2 2020). It was presented as a response to public fatigue with the lockdown, as well as a reasonable policy reflecting a return to normality, even though schools were to remain closed until the end of the academic year. However, school closure in Bulgaria did not elicit the same public disruption as the closure of businesses and gatherings, as Bulgarian parents often rely on childcare from grandparents and their work schedules are not always severely affected.

**Criticisms**

The responsive behaviour of HQ was probably also a reaction to the criticisms related to a lack of transparency in the legal basis for this extremely powerful decision-making body, as well as in its *modus operandi*: HQ was set up on the basis of a widely quoted ministerial order which could not be obtained publicly and had no website or public presence other than the televised briefings (neither did the Medical Council at the Council of Ministers, also set up within the emergency measures). 134

Accusations of the overreach of power were voiced early on in the pandemic, 135 especially after the proposals to introduce martial law instead of declaring an emergency situation, and to enact it indefinitely, instead of with a fixed deadline, 136 which were decided against as a result of the presidential veto and opposition debates in Parliament.

Some of the particularly prohibitive measures were enacted and then amended as a result of public pressure, such as an exorbitant fine of BGN 5,000 for violating the rules of the emergency situation, 137 which was later lowered to BGN 300. The rules on face mask wearing changed continuously, causing confusion and incurring significant fines. 138

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135 E. Daynov, ‘Coronavirus: what happens while Bulgaria is in a state of emergency’ *Deutsche Welle Bulgaria Commentary*. 3 April 2020. Available online: https://www.dw.com/bg/%D0%BA%D0%BE%D1%80%D0%BE%D0%BD%D0%B0%D0%B2%D0%B8%D1%80%D1%83%D1%81-%D0%BA%D0%B0%D0%BA%D0%B2%D0%BE-%D1%81%D0%B5-%D1%81%D0%BB%D1%83%D1%87%D0%B2%D0%BD%D0%B4%D0%BE%D0%BA%D0%BD%D1%82%D0%BE-%D0%B1%8A%D0%BB%D0%B3%D0%B0%D1%80%D0%B8%D1%8F-%D0%B5-%D0%B2-%D0%BB%D0%B7%D0%B2%D1%8A%D0%BD%D1%80%D0%BD%D0%B4%D0%BE-%D0%B8%D0%BB%D0%B0%BE%D0%B6%D0%B5%D0%BD%D0%B8%D0%B5/a-53002181 [Accessed 30/05/2020].


137 Average monthly salary for 2020 is BGN 1,500 as per official data.

138 Ikonomist Bulgaria, ‘Police have drawn up more than 14,600 acts of non-wearing masks’ *Ikonomist Bulgaria*. 30 April 2020. Available online: https://iconomist.bg/103156-%D0%9F%D0%BE%D0%B8%D0%B8%D1%86%D0%B8%D1%8F%D1%82%D0%B0-%D0%B5-
Other measures were introduced only temporarily, such as the blanket quarantine enforced on two whole neighbourhoods in the capital, Fakulteta and Filipovci, incidentally populated exclusively by Roma Bulgarian citizens. In an official interview, the head of HQ GenMaj Mutafchiyski spoke of ‘a different way of life among the ethnic minorities,’ which may have raised eyebrows but was generally accepted as a fact.

Yet another set of measures were discussed but never adopted, such as the derogation from the European Convention on Human Rights (ECHR), floated by the Justice Minister and entertained during the emergency situation, but never accepted.

Ultimately, the decision was taken not to prolong the emergency situation beyond May 13 2020 but to retain some of the emergency measures within the remit of the Health Minister as needed.

7. Concluding Remarks:

Bulgarian democracy has often been criticized as flawed. The response to Covid-19 reflects some of these flaws, even as, in terms of containing the spread of the pandemic, it has been widely effective.

The national lockdown was enforced on the basis of clear legislative measures and for a clearly stated limited period of time. However, discussions were ongoing for the introduction of martial law – a much more invasive constitutional tool – and for an indefinite period of time, which would have given the response a much less democratic tint.

Importantly, even as human rights under the ECHR were necessarily restricted, the government did not derogate from the Convention. Nevertheless, a proposal to do so came from the Justice Minister, which indicates a political will within the cabinet for a much less democratic response.

Finally, some of the problematic features of Bulgarian public and social life, such as discriminatory practices or intolerant public narratives towards the ethnic minorities (mostly the sizeable Romani minority, as the Turkish minority is currently overall well integrated), also surfaced during the Covid-19 response. The swift blanket quarantine imposed on Romani neighbourhoods in the capital is a case in point.

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139 E. Lilov, ‘Coronavirus in Bulgaria: an exclusive interview with Gen. Mutafchiyski’ Deutsche Welle. 28 April 2020. Available online: https://www.dw.com/bg/%D0%BA%D0%BE%D1%80%D0%BE%D0%BD%D0%B0-%D0%B2%D0%B8%D1%80%D1%83%D1%81%D1%82%D0%B0%D0%B8%D0%B3%D0%BE%D1%85%D0%B1%80%D1%85%D0%BA%D0%B8%D1%83%D0%B7%D0%B8%D1%82%D0%BD%D0%B8-%D0%BC%D0%B1%81%D0%BA%D0%B8/a-53265618 [Accessed 30/05/2020].

140 Although the measure was also imposed on other small villages – e.g. Panicherovo in Stara Zagora, or the mountain ski resort of Bansko.
Chapter 5: Israel, Dr Ronald Ranta

1. Key Facts

<table>
<thead>
<tr>
<th>Key Fact</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (prior to the pandemic)</td>
<td>$41,678 (nominal), 2019 est.</td>
</tr>
<tr>
<td>Money spent on health-care per capita (prior to the pandemic)</td>
<td>$2,780 (nominal), 2019 est.</td>
</tr>
<tr>
<td>Population (prior to the pandemic)</td>
<td>9.176 million, March 2020</td>
</tr>
<tr>
<td>Life expectancy (prior to the pandemic)</td>
<td>84.8 for women and 80.9 for men, 2018</td>
</tr>
<tr>
<td>Date of first recorded case</td>
<td>The first recorded case was a returnee from the Diamond Princess Cruise ship on February 21 2020; the first confirmed case in Israel was on February 27 2020, an Israeli citizen who returned from holiday in Italy.</td>
</tr>
<tr>
<td>Date of first recorded death</td>
<td>On the March 20 2020, an 88 year old resident of a Jerusalem care home became Israel’s first recorded fatality of Covid-19.</td>
</tr>
<tr>
<td>Date of 100th recorded death</td>
<td>April 11 2020</td>
</tr>
<tr>
<td>Date lockdown entered</td>
<td>The Israeli government officially implemented a lockdown, including severe movement restrictions, on March 19. However, several of the lockdown restrictions were already in place.</td>
</tr>
<tr>
<td>Number of confirmed cases (overall and per 100,000 population)</td>
<td>24,688 (268 per 100,000)</td>
</tr>
<tr>
<td>Number of confirmed deaths (overall and per 100,000 population)</td>
<td>320 (3.5 per 100,000)</td>
</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>On May 3 2020 the government began easing restrictions.</td>
</tr>
</tbody>
</table>

2. Executive Summary

- The Covid-19 pandemic caught Israel in a precarious political situation, with the country scheduled to have its third election in a year
- Heading into the pandemic, Israel was governed by a transition government, without a popular mandate, and headed by a Prime Minister facing prosecution
- It is a surprise, therefore, that hospitalisation and mortality rates were initially low in Israel
- Even more surprising is that the pandemic helped consolidate the position of the Prime Minister and ushered in a national unity government
- Despite the initial success of its pandemic response, questions remain regarding the viability and efficacy of Israel’s exit strategy, particularly given that numbers have been rising rapidly
3. Country Intro

Israel is a multi-party parliamentary democracy with a president as the nominal head of state. Executive power, however, is exercised by the government, which is headed by the Prime Minister. Since Israel's creation in 1948 all governments have been multi-party coalitions.

At the beginning of the pandemic, the transitional government – comprising of the centre-right Likud party, headed by the Prime Minister Benjamin Netanyahu, Israel's longest serving prime minister, a smaller right-wing party, and two ultra-orthodox religious parties – faced two political crises. First, Israel was heading into its third election in one year with the possibility that Benny Gantz, the head of the opposition and the centrist Blue and White party, could form a new coalition government. Second, Netanyahu’s trial for accepting bribery, breach of trust and corruption was scheduled to begin in mid-March.

There were also concerns over how the government would respond given some of the social, economic and political issues the state faced. The resilience of the health care system, argued to be underfunded and poorly managed, and its preparedness for a pandemic, were questioned. While Israel is a developed free-market economy, it is also one of the most unequal among OECD countries. A move away from a social-welfare model in the 1980s resulted in an advanced economy with high growth rates, but also large pockets of deprivation, particularly among Ultra-Orthodox and Arab-Palestinian communities, which are around ten and twenty per cent of the population respectively. Arab-Palestinians are further disadvantaged due to their long-term marginalisation within the state, a situation that relates to Israel's occupation of the Palestinian territories of the West Bank and the Gaza Strip.

Key Dates:

- January 30 2020: With wide spread reports of the situation in China, Israel suspends all flights to and from the country
- February 21: The first confirmed case of an infected Israeli citizen on the Diamond Princess Cruise ship
- February 27: The first confirmed local case of Covid-19
- March 2: Israel holds its parliamentary election
- March 9: The government mandates a 14-day self-isolation to all arrivals from abroad
- March 19: The government declares a national state of emergency
- April 12: Face masks become a legal requirement
- May 4: Israel begins to ease its lockdown restrictions
- May 17: The national unity government is sworn in

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144 OECD, Economic Survey of Israel.

May 14: The beginning of the Prime Minister’s court case

4. Political and Policy Responses

Israel’s pandemic response was bound to be viewed through a political and partisan lens. The first confirmed cases in late-February and early-March coincided with parliamentary elections and the beginning of the Prime Minister’s court case; the first domestic Covid-19 case was on February 27, an Israeli citizen returning from holiday in Italy.

On the one hand, the initial response, spearheaded by Prime Minister Netanyahu, appears to have been decisive and effective. Policies to deal with the pandemic, which supported by the opposition, appear to have been implemented at the right time and in the right measure. Overall hospitalisation and death rates were initially low in comparison to other countries. On the other hand, Netanyahu’s leadership has been controversial with accusations of using the crisis to protect his own interests, trampling on basic human rights, and bypassing the Knesset (Israel’s parliament).\(^{146}\)

The government’s initial response in late-February centred on contact tracing and self-isolation of suspected cases alongside increased restrictions on arrivals, particularly from early hit countries. However, tensions emerged between the health ministry, which pushed for stronger measures, including closing Israel to foreign arrivals, and the foreign ministry, which worried about international reactions.\(^{147}\) By early-March, arrivals from multiple countries were barred and returning Israeli citizens were required to self-isolate for 14-days. Nevertheless, the government did manage to ensure the elections proceeded smoothly, using special voting booths for those infected.\(^{148}\) These actions coincided with the publication of the state’s comptroller’s report criticising the healthcare system and its state of pandemic preparedness due to policy neglect and long-term underfunding.\(^{149}\)

On March 19, with confirmed cases over 600, and before the first confirmed death, a state-of-emergency was declared. It included the shutdown of schools, public transport and all non-essential workplaces, and restrictions on gatherings and movement, in affect a lockdown. Israel’s infection peak came in early-April as the number of confirmed deaths approached 100.\(^{150}\) In order to ensure the success of its lockdown, the government banned all inter-city travel for 48 hours and placed the entire country under curfew during Passover Eve,\(^{151}\) which was followed a few days

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\(^{149}\) J. Magid, ‘Comptroller report: Israel’s healthcare system’.


later, on April 12, by a requirement for face covering in public spaces.\textsuperscript{152} The government also vowed to ramp up testing, already among the highest per capita in the world, from less than a thousand in March to over ten thousand a day in late-April.\textsuperscript{153}

The lockdown was strongly supported and the rules mostly observed by the public, but there were exceptions. Several leading politicians, including the President and Prime Minister Netanyahu met with family members on Passover eve despite the national curfew and restrictions on gatherings.\textsuperscript{154} Additionally, the lockdown highlighted Israel’s secular-religious divide, with claims that Ultra-Orthodox communities were disregarding the rules. As a result of high number of cases, several Ultra-Orthodox neighbourhoods and towns were put under curfew and special measures. The fact that the health minister, Ya’akov Litzman, of the Ultra-Orthodox United Torah party, and his wife contracted the virus, after been accused of flaunting the rules, increased suspicion of the community.\textsuperscript{155} However, Litzman’s self-isolation further enabled Netanyahu’s strategy of assuming direct control of the pandemic response and side-lining the Health Minister.\textsuperscript{156}

The lockdown had a dramatic economic impact with unemployment increasing from around 3\% in March to over 20\% in May, the highest rate on record.\textsuperscript{157} In order


to stabilise the economy the government provided an economic package worth 6.1% of GDP. The package included grants and loans to businesses, extended unemployment benefits, including for self-employed, and one-off grants to families and vulnerable individuals. The Bank of Israel supported these measures by cutting interest rates to 0.1% (from 0.25%) and embarking on quantitative easing.\footnote{IMF, *Policy Responses to Covid-19* (2020). Available online: https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#I [Accessed 1/6/2020].}

**National Unity Government**

Politically, the parliamentary elections in March were inconclusive, but left Gantz, the leader of the opposition, as the most likely to form a government. This necessitated, however, a coalition with the Joint List party, which comprised of several Arab-Palestinian parties; an Arab-Palestinian party has never joined a coalition government. Netanyahu and his allies accused Gantz of risking Israel’s security by working with the Joint List, who they have labelled as terrorist sympathisers. They implored Gantz to join Netanyahu in a national unity government.\footnote{O. Homes, ‘Israel’s opposition head Benny Gantz wins support to form government’ *The Guardian*. 15 March 2020. Available online: https://www.theguardian.com/world/2020/mar/15/israels-opposition-head-benny-gantz-wins-support-to-form-government [Accessed 17/5/2020].}

While publicly working towards a national unity government, Netanyahu took a number of controversial decisions, several of which affected his own interests. The transitional government gave itself the power to legislate and implement emergency measures without seeking Knesset approval. Using this power it shut down the courts and postponed all court cases in March, including that of Netanyahu; a decision some argued was tantamount to a coup;\footnote{G. Gorenberg, ‘With a pandemic as cover, Netanyahu is carrying out a coup in Israel’ *The Washington Post*. 19 March 2020. Available online: https://www.washingtonpost.com/opinions/2020/03/19/with-pandemic-cover-netanyahu-is-carrying-out-coup-israel/ [Accessed 19/5/2020].} Netanyahu’s court case resumed on May 24.

The transitional government also used the Intelligence and security services, including the army, to support pandemic response efforts. The Mossad, Israel’s national Intelligence service, was tasked with acquiring additional ventilators, PPE, and medical equipment. Through its efforts the government has claimed success in meeting PPE shortages.\footnote{I. Eichner, ‘Mossad reveals full extent of its massive coronavirus gear haul’ *Ynetnews*. 26 May 2020. Available online: https://www.ynetnews.com/article/HJtcQIqsL [Accessed 1/6/2020].} To support its track and trace efforts the government approved the use of anti-terrorism surveillance measures, by the Shin Bet, the internal security services. These measures, which have previously only been used in the Occupied Palestinian Territories, include accessing mobile phone networks and personal data. The Government claims these efforts have helped reduce infection rates.\footnote{T. Bateman, ‘Coronavirus: Israel turns surveillance tools on itself’ *BBC*. 12 May 2020. Available online: https://www.bbc.co.uk/news/world-middle-east-52579475 [Accessed 22/5/2020].}

Partisanship and divisiveness were rising in Israel prior to the pandemic, particularly over Netanyahu’s leadership and relations with Arab-Palestinians. However, the crisis led to a remarkable political agreement to form a national unity government. The new government, which was sworn in on May 17, includes the smaller centre-left Labour party and two ultra-Orthodox religious parties. Gantz, who vowed never to sit with Netanyahu, argued that this was done in the national
interest. The agreement, which ensures that Netanyahu will remain Prime Minister for the next eighteen months, despite his on-going court case, and would then be replaced by Gantz, is supported by a majority of the Jewish population.

5. Discussion

While there are different ways of analysing Israel’s political and epidemiological responses to the virus, one thing is clear, Prime Minister Netanyahu has had a good pandemic. At the start of the pandemic he was in a vulnerable position, heading a transitional government, without a popular mandate, with an underfunded and unprepared healthcare system, and facing up-coming elections and the beginning of his court case. As things stand, he has received broad public support for his stewardship of the pandemic response efforts; hospitalisation and death rates have been low in comparison to other countries. He has emerged more popular and politically stronger; polling suggests that if new elections were held he would win decisively; though it is important to note that his numbers have started to come down as infection rates have increased.

There are a number of reasons for the initial success of Israel’s pandemic efforts. According to Government experts, Israel’s testing regime, the timing of the

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165 A. Bernard, ‘How Benjamin Netanyahu has managed’

lockdown, before the first death, and the measures taken were appropriate and effective. The use of the intelligence and security services, while controversial, has been seen as successful and has been supported by the population, particularly the majority Jewish population, which has a high degree of trust in them. The healthcare system was reorganised and supported sufficiently to ensure its ability to cope. Another reason cited for the low mortality rate is that most of those infected were relatively young, particularly among the Ultra-Orthodox community. Lastly, the economic measures implemented appear to have stabilised the economy and as a result the Bank of Israel is expecting a smaller and shorter recession than initially forecasted, with rapid growth returning in 2021.

**Exit Strategy**

Despite the inauguration of the national unity government, the broad support it has received, and the apparent success of the pandemic response, a number of questions remain. In particular, questions have been asked regarding some of the measures the government has taken, its exit strategy and the timing of the lockdown easing. While the new unity government still enjoys high levels of public support, it is pushing ahead with a controversial bill known as the ‘coronavirus law’, which extends its special state-of-emergency powers. The law grants the government sweeping powers to gather personal information and data, enter private premises, detain people, and establish restricted zones, without normal Knesset scrutiny and safe guards. The new Justice Minister, from the centrist Blue and White party, has vowed that the new law would be implemented in a measured and responsible way, ensuring as minimal impact as possible.

Questions have also been raised with regard to Israel’s exit strategy and whether it had relaxed restrictions too soon. In May, after restrictions were significantly eased, it seemed as if the country had successfully exited the lockdown. However, and despite government assurances and projected confidence, the month of June saw hundreds of new infections per day, the highest numbers since April; there was even a confirmed case in the Knesset, forcing it to suspend all work for a week. New outbreaks and rising infection rates have occurred at a number of different areas. In

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response the government has vowed to bring in more restrictions, enforce the rules more rigidly and has placed several towns and neighbourhoods under localised lockdown, several of which have extensive Ultra-Orthodox populations.\textsuperscript{174}

6. Concluding Remarks:

Politically, it is clear that the pandemic has reduced partisanship, at least among the majority Jewish population, and brought about a national unity government. Nevertheless, the pandemic has played into the hand of Prime Minister Netanyahu, who is a divisive and polarising figure. The crisis has solidified his position and provided him with sweeping powers, and given his political shrewdness, one would expect him to try and capitalise on them.

Based on current hospitalisation and mortality figures, and even when taking into account the fact that many of those infected were relatively young, it is hard not to conclude that the government’s initial response to the pandemic was timely and effective. This would give confidence to the national unity government’s assertion that it will be able to deal effectively with a second wave of infections if one did materialise. However, the rapid increase in infections in June raises questions of whether Israel has indeed weathered the storm, whether the lockdown was eased too early, and whether the rules are properly enforced.

Chapter 6: Japan, Associate Professor Atsuko Ichijo

1. Key Facts

<table>
<thead>
<tr>
<th>Key Fact</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (prior to the pandemic)</td>
<td>US$39,289.958, 2018</td>
</tr>
<tr>
<td>Money spent on health-care per capita (prior to the pandemic)</td>
<td>US$ 4,168.99, 2017</td>
</tr>
<tr>
<td>Population (prior to the pandemic)</td>
<td>126.5 million, 2018</td>
</tr>
<tr>
<td>Life expectancy (prior to the pandemic)</td>
<td>84.1 years, 2017</td>
</tr>
<tr>
<td>Date of first recorded case</td>
<td>January 16; a Chinese national residing in Japan returning from Wuhan</td>
</tr>
<tr>
<td>Date of first recorded death</td>
<td>February 13 2020</td>
</tr>
<tr>
<td>Date of 100th recorded death</td>
<td>April 8 2020</td>
</tr>
<tr>
<td>Date lockdown entered</td>
<td>April 7, 2020: state of emergency declared for Tokyo, Kanagawa, Saitama, Chiba, Osaka, Hyogo and Fukuoka prefectures; April 16, 2020: extended to nation-wide</td>
</tr>
<tr>
<td>Number of confirmed cases (overall and per 100,000 population)</td>
<td>18,615 (14.75 per 100,000)</td>
</tr>
<tr>
<td>Number of confirmed deaths (overall and per 100,000 population)</td>
<td>972 (0.77 per 100,000)</td>
</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>May 14, 2020: state of emergency lifted in 39 prefectures; May 21, 2020: lifted in Osaka, Kyoto and Hyogo prefectures; May 25, 2020: lifted in Hokkaido, Tokyo, Kanagawa, Saitama Chiba.</td>
</tr>
</tbody>
</table>

2. Executive Summary

- Japan as a paradoxical case study: it is a success story in containing the spread of the SARS-CoV-2 virus in comparison to other developed economies (with a death toll of around 970), but not so in comparison to Taiwan and Hong Kong.
- The prospect of hosting the Tokyo 2020 Olympic Games delayed the government from taking decisive measures early.
- Responses to the Covid-19 pandemic rely on voluntary restriction.
- A ‘Japan model’ combining the cluster-based approach, a unique social distancing measure and ‘Japanese behaviour’ emerging?

3. Country Intro

As Japan is a parliamentary constitutional monarchy, the nominal head of state is the Emperor (currently Naruhito). The effective head of state is the Prime Minister (currently Abe Shinzo).\(^{175}\) A parliamentary cabinet system is adopted in Japan in which the largest party (or a coalition that commands the majority) in the bi-camel parliament.

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\(^{175}\) The Japanese government recently requested that Japanese names should be rendered surname first, given name second as in Japanese, in foreign languages, and the report follows this convention. Therefore, ‘Abe’ is the surname of the current prime minister and ‘Shinzo’ is his given name.
(the Diet) forms the government while the judiciary remains independent. As a way of keeping the executive in check, the legislature in the form of the House of Representatives (the lower house) can move a non-confidence motion. As for local autonomy, Japan is divided into 47 prefectures which are overseen by an elected governor, legislature and an administrative bureaucracy. Each prefecture is further divided into municipalities of different grades, each has an elected mayor, legislature and an administrative bureaucracy. Local governments have more functions than the central government. 176 Chapter VIII of the Japanese Constitution (‘Local Self-Government’) defines the status of local governments. The Local Authority Law of 1947, after several rounds of reform, now stipulates that the central and local governments are equal partners in legal terms. It has been long argued that local autonomy in Japan is weak due to the heavy reliance on the central government for funding. However, recently it has been noted that some local governments were more proactive in responding to citizens’ needs than the central government. 177 Japan is the third largest economy in the world and has been a staunch supporter of the capitalist system. The central government collects income tax, consumption tax and liquor, tobacco and gasoline taxes, prefectures collect resident tax, enterprise tax, vehicle related taxes and municipalities collect resident tax and property tax. The size of the informal (untaxed) economy is deemed to be small in Japan. While the gap between the rich and poor is said to be growing in line with other developed economies, Japan’s distribution of wealth is often seen as more equal than others. 178

Key Dates

**January 16 2020:** The first confirmed case of Covid-19. A Chinese national who lives in Japan returning from Wuhan.

**January 27:** Covid-19 designated as a special infectious disease

**January 28:** The first case of domestic transmission of Covid-19

**January 31:** The establishment of the Novel Coronavirus Response Headquarters

**February 1:** The first measure to tighten border control introduced

**February 3:** About 3,700 people on board the Diamond Princess put in quarantine off the coast of Yokohama

**February 13:** The first Covid-19 death

**February 27:** Central government requests school closures from March 2 till the end of the spring break

**February 28:** The governor of Hokkaido declared state of emergency

**March 1:** All remaining on board the Diamond Princess disembarked

**March 5:** Postponement of President Xi Jinping’s April visit announced

**March 13:** An amendment on the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response relating to the novel coronavirus, (the Coronavirus Emergency Act) passed

**March 24:** The postponement of the Tokyo 2020 Olympic Games announced

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April 7: State of emergency declared in Tokyo, Kanagawa, Saitama, Chiba, Osaka, Hyogo and Fukuoka prefectures
April 16: State of emergency extended nation-wide until May 6
April 27: An extra budget of ¥25.69 trillion to fight SARS-Cov-2 submitted
May 4: State of emergency extended until May 31
May 14: The state of emergency lifted in 39 prefectures (excluding Tokyo, Chiba, Saitama, Kanagawa, Osaka, Kyoto, Hyogo and Hokkaido)
May 21: The state of emergency lifted in Osaka, Hyogo and Kyoto prefectures
May 25: The state of emergency lifted in Tokyo, Chiba, Saitama, Kangawa and Hokkaido prefectures

Having reviewed how the Japanese government has responded to the pandemic, the report now moves onto some emerging points from the Japanese experience.

4. Political and Policy Responses

In this section, the ways in which Japan has responded to the Covid-19 pandemic are examined through a qualitative investigation into various factors that have exerted influence.

Changing Dynamics in the Central-Local Government Relationship?

Japan’s responses to the Covid-19 pandemic have been mainly driven by the central government in the form of the Novel Coronavirus Response Headquarters established in accordance with the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response (amended on March 13 2020 in order to make it applicable to novel coronavirus). Since its effective inception on January 31 2020 (the official institution was on March 26 2020), the Headquarters has met 39 times by June 29 2020, and the minutes of the meeting up to the 26 meeting (held on April 6 2020) and materials circulated at all meetings are published on the Prime Minister’s and the cabinet’s official web page.\footnote{See: New Coronavirus Infectious Disease Control Headquarters: \url{http://www.kantei.go.jp/jp/singi/novel_coronavirus/taisaku_honbu.html} [Accessed 12/07/2020].}

The legal framework for the government’s responses to the Covid-19 pandemic is provided by the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response of 2012, which enables the government to take emergency measures in order to protect citizens’ life and health and to minimise the impact on citizens’ life and the economy. The law was amended to be made applicable to Covid-19 (designated as a special infectious disease on January 27 2020) on March 13, enabling the Prime Minister to declare the state of emergency.

While, institutionally speaking, the central government is in the driving seat in co-ordinating responses to the pandemic, the majority of measures to be taken under the Act on Special Measures fall within prefectural competences including issuing a request/instruction to curb going out, to close entertainment venues, to suspend events, for businesses to temporarily shut or to reduce their opening hours and so on. It is mainly the prefectural authorities that implement these measures defined by the Act. Furthermore, as publicly funded schools come under the authority of different tiers of local government (many are under municipal jurisdiction and some are prefectural jurisdiction), the central government can only request their closure. This happened on
January 27 2020 when Prime Minister Abe requested schools to be closed from March 2 till the spring break.\textsuperscript{180}

Given this legal set-up, the Japanese responses to the Covid-19 pandemic have shed light on the relationship between the central and local government in Japan. As the local government in Japan is largely seen as weak due to its heavy reliance on the central government for funding, the emergence of outspoken governors, in particular, those of Hokkaido, Tokyo and Osaka, have attracted much attention. For instance, the current Governor of Hokkaido, Suzuki Naomichi, declared the prefecture-wide state of emergency on January 28 without any legal authority in order to combat the early surge of Covid-19 cases. The central government did not take any measures to obstruct the governor or intervene in his policy. Although without any legal authority, the state of emergency, consisting of request not to go out, to work from home, to close businesses and so on, was largely accepted by the residents of Hokkaido and the prefectural government managed to suppress the surge of infection. It is widely reported that in the run-up to the declaration of the state of emergency by Prime Minister Abe on April 7, the current Governor of Tokyo, Koike Yuriko, exerted considerable pressure on him; one of the determining factors for the decision to declare the state of emergency is believed to be Governor Koike’s press conference on March 23. At this occasion, she raised the prospect of imposing lockdown in Tokyo when a record number (at that time) of 16 new cases was reported.\textsuperscript{181}

The possible impact of the ‘rise’ of local government is reflected on the approval rating of the Abe government. According to NHK, which carries out a regular public opinion survey, the government’s approval rate fell from 44% in January 2020 to 37% in May 2020.

### Table 1: Approval rating of Abe Government

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<tbody>
<tr>
<td>Support</td>
<td>44</td>
<td>45</td>
<td>43</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>Don’t support</td>
<td>38</td>
<td>37</td>
<td>41</td>
<td>38</td>
<td>45</td>
</tr>
</tbody>
</table>

(Source: NHK\textsuperscript{182})


\textsuperscript{181} NHK, ‘The declaration of the state of emergency: How has it be decided’ \textit{NHK Politics Magazine}. 15 April 2020. Available online: \url{https://www.nhk.or.jp/politics/articles/feature/33665.html} [Accessed 25/05/2020].

Furthermore, on May 24 2020, based on its own poll, *Asahi Shimbun*, a major quality newspaper in Japan, reported that the government’s approval rating plummeted to 29%, the lowest since the second Abe government came to power in December 2012. The non-approval rating was 52%.183

**Border Control**

The Japanese government has steadily strengthened its border control. This process began on February 1 2020, when foreign nationals who had stayed in Hubei Province within 14-days prior to the arrival in Japan and those who held a passport issued by Hubei Province were denied entry based on the Immigration Control and Refugee Recognition Act. As of June 29 2020, the number of country/region for which visas are suspended/the visa waiving scheme is suspended is 129.184 Japanese nationals (and those with certain resident status) returning from these countries/regions need to fill in a quarantine questionnaire, to have their temperature taken and to be tested upon arrival. They are required to wait for the result either at their home or the place designated by the Japanese government. After the test result is revealed, if it is positive, they are asked to seek admission in a medical facility; if it is negative they are required to self-isolate for 14-days.185 In this regard, the Japanese government has clearly given the priority to the protection of their citizens by restricting the entry of citizens of other countries. The practice, however, is in line with measures taken by other countries, and not divergent in the global scale.

**Neoliberal Orthodoxy in Economic Measures**

As noted above, the Japanese government cannot coerce businesses to temporarily close. What they can do is to request for a temporary shutdown of businesses, reduced opening hours of businesses and to request companies to allow and facilitate their employees to work from home if possible. Both the central and prefectural governments had been asking citizens to refrain from going out before the partial declaration of the state of emergency on April 7 2020, and as the border control was increasingly tightened, the number of inbound tourists plummeted to deal a severe

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183 Asahi Shimbun, ‘Approval rating at 29%, the lowest since coming to power’ *Asahi Shimbun*. 24 May 2020. Available online: [https://www.asahi.com/articles/ASN5S74LMN5SUZPS001.html](https://www.asahi.com/articles/ASN5S74LMN5SUZPS001.html) [Accessed 26/05/2020].


185 Ibid.
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blow to the aviation and tourism industries. The request for the temporary shutdown of businesses in order to curb the spread of the SARS-CoV2 virus which came with the declaration of the state of emergency led to job losses as well as significant pressure on small businesses. Recognising these impacts on the economy, the cabinet approved a policy document entitled the 'emergency economic measures for the novel coronavirus infectious disease' on April 7 2020 (amended on April 20 2020).

The document acknowledges the pandemic would inflict the worst damage to the global economy since World War II and that the Japanese economy could not shield itself from the global impact. It then lists measures to be taken by the government in order to protect citizens’ life and livelihood and to revive the economy. The document identifies two phases in dealing with the impact of the pandemic on the economy: the emergency support phase and the V-shaped recovery phase, which is in line with what other advanced economies are generally advocating. It further identifies five pillars in economic policies: 1) To prevent the spread of infection, to enhance medical care provision and to develop new drug for treatment; 2) to further strengthen support for maintaining employment and business continuity; 3) to revive economic activities through the collaboration of the public and private sectors; 4) to build a robust economic structure for the future and 5) to prepare for future pandemics. In order to implement some of the measures for the emergency support phase listed in the document, an additional budget of ¥25.69 trillion was submitted to the Diet on April 27 2020. In dealing with the economic fall-out of the pandemic, the Japanese government has adopted measures which other countries in the world have also adopted, and there is no major diversion from the global norm in this regard.

Two Additional Unique Factors

There are two major factors that have shaped the Japanese government’s responses to the Covid-19 pandemic which are unique to Japan: the outbreak of infection on the passenger ship, the Diamond Princess, and the prospect of holding the Summer Olympic Games in Tokyo in July 2020.

The Diamond Princess is a cruise ship run by Carnival Corporation & PLC, headquartered in the US, but registered in the UK. It left Yokohama on January 20 for a 16-day cruise visiting Kagoshima, Hong Kong, Taiwan, Vietnam and Naha to return to Yokohama. A passenger who disembarked in Hong Kong on January 25 was found to be infected with SARS-CoV-2 on 1 February. The ship went back to Yokohama on February 3, where it was quarantined with about 3,700 passengers and crew on board. All on board disembarked by March 1, by which time there were 706 infected and 7 deaths.

The Japanese government struggled to handle this case. First, the government underestimated the scale of the outbreak on board the Diamond Princess. Indeed, when the first test results came back on February 5 10 out of 31 were positive, suggesting the virus had probably already spread to 1,000 passengers, and the government was caught unprepared. Secondly, there was a degree of uncertainty where the ultimate responsibility to deal with the outbreak lay. The Japanese

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government put the Diamond Princess in its territorial waters in quarantine as a means of protecting Japan from the spread of the virus, but technically speaking it was not responsible for dealing with the outbreak of Covid-19 on board. The ship itself was in principle under the jurisdiction of the UK where the ship was registered but the US (where the owner is headquartered) could also be seen as responsible. There was a fair amount of confusion as to who should be ultimately responsible for the case. It is now known that while the Japanese government initially asked the US government to evacuate US citizens onboard, the US government rejected the request and asked the Japanese government to keep them in quarantine on board. However, as the days went by, governments across the world became more and more critical of the Japanese government’s handling of the case, and it was clearly stung by the level of criticism it received. One of the consequences of this is the Japanese government’s insistence on leading international/global co-operation in tackling the SARS-CoV-2 virus and an additional budget earmarked to facilitate communication with the international community.

When the SARS-CoV-2 virus started to come to light, by far, the largest concern for the Japanese government was the Summer Olympic Games to be held in July in Tokyo. It can be speculated that the Japanese government might have tried to play down the seriousness of the pandemic so as not to jeopardise the prospect of hosting the Summer Games. The postponement of the Games was not so much because of the size of the Covid-19 outbreak in Japan but rather in other countries, and both the central government and the Tokyo metropolitan government had maintained that the Games would go ahead until late-March. However, the Japanese government was introducing tighter border control, the People’s National Congress in China postponed, the state visit by President Xi Jinping postponed and with several national Olympic committees declaring they would not send athletes, the Japanese government was cornered into a position where it had no other choice than postponing the Games. As so much economic interest was tied to the Games, it was a very difficult decision for the government. It is reported that the government decided to postpone the Games when they had assurances from various parties that the Games would not be cancelled.188

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Tokyo skyline with an Olympic sculpture in the foreground
5. Discussion:

There are a couple of points from the above that merit further discussion.

The Use of Voluntary Restriction

One of the features of the measures taken by the Japanese government in order to tackle the Covid-19 pandemic is that all of them are based on voluntary restriction. Even under the state of emergency, there was no penalty for not following the requests (not to go out, for instance) issued by the government. In other words, the implementation of countermeasures is solely dependent on ‘voluntary co-operation’ of citizens and businesses. This strong aversion of affording the government of the authority to restrict citizens’ rights is said to be embedded in the post-war political culture in Japan as a reaction to the military-led regime during wartime. It is also plausible that the level of conformist pressure is such in Japanese society that the government does not have to resort to coercive means to get things done to the degree which could be the case in other countries.

The state of emergency without enforcing penalties has been effective. The amount of people out and about in many cities went down by about 70% as many firms asked their employees to work from home and people refrained from going out. The prefectural governments resorted to ‘name and shame’ in dealing with businesses, in particular, pachinko parlours which did not comply with their request for closure as they could not fine these businesses. The government reasoned the state of emergency declared on April 7, and extended nation-wide on April 16, was effective enough to slow the spread of the virus and started to lift the state of emergency on May 14. The state of emergency was finally fully lifted on May 25.

The Emergence of the Japan Model?

As noted above, while the state of emergency was finally lifted across Japan on May 25 2020, and its total Covid-19 deaths remains in three digits, the approval rating of the Abe government has nose-dived. Its policy to distribute two reusable masks per household has been derided, and internationally, the Japanese government’s fumbling with the Diamond Princess case as well as its reluctance to agreeing to the postponement of the Tokyo 2020 Olympic Games have created an impression that Japan was not coping with the pandemic well. In April, it was widely reported that the Japanese medical system was facing collapse given the sharp rise of the number of patients requiring hospital treatment.\(^{189}\)

The fact is that while the accuracy of infection rate is not certain due to a very small number of tests carried out in Japan, the mortality rate from Covid-19 in Japan remains very low compared to other advanced economies. Following this, voices applauding the success of the ‘Japan model’ in combating the pandemic have begun to emerge. In late-April, Professor Suzuki Kazuto of Hokkaido University tried to explain what the ‘Japan model’ was and why it had been successful in an article published in a journal, \textit{the Diplomat}.\(^{190}\) Suzuki identified the cluster-based approach and avoidance of three Cs (confined and crowded spaces, and close human contact).
as the key aspects of the Japan model, which, in interaction with geographical and social conditions, managed to contain the pandemic without completely shutting down the economy.

International recognition of the ‘success’ of the Japanese government in containing the spread of disease came from Tedros Ghebreyesus, the WHO’s Director General, at a news conference held on May 25 2020.\(^{191}\) Although he cautioned against the possible second wave, an endorsement from an eminent international organisation such as the WHO means a lot in Japan, which craves international recognition.

To what extent the government’s responses have contributed to the apparent success of the Japan model is, however, debated. As noted above, one of the peculiar features of the Japanese responses to the Covid-19 pandemic is the reliance on voluntary restriction. The government does not have the authority to coerce anyone to follow its guidelines such as avoiding three Cs. However, the number of people going out to socialise dramatically reduced, many businesses ‘voluntarily’ shut down temporarily or reduced their opening hours so as to avoid three Cs. In addition to governmental policies, Japanese success in tackling Covid-19 may also, in some way, relate to ‘Japanese behaviour’.\(^{192}\)

6. Concluding Remarks:

The Japanese case study has highlighted the peculiar features of the case rather than pinpointing universally applicable aspects. The Japanese government’s response to the Covid-19 pandemic was initially heavily influenced by the prospect of hosting the Summer Olympic Games in Tokyo in July 2020. When its postponement was announced, the government moved to take more stringent measures including the state of emergency, which, however, relies on voluntary co-operation from citizens and businesses as there is no legal penalties for contravening the government’s guidelines. The evaluation of Japan’s response to the pandemic has also evolved: with a total Covid-19 death toll remaining in three digits, some voices started to advocate the Japan model. On the other hand, the Japanese case study has also highlighted that the pandemic has acted as a catalyst in changing power dynamics between the central and local government.


Chapter 7: Taiwan, Associate Professor Atsuko Ichijo

1. Key Facts

<table>
<thead>
<tr>
<th>Key Fact</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (prior to the pandemic)</td>
<td>US$ 24,827, 2019 IMF estimate</td>
</tr>
<tr>
<td>Money spent on health-care per capita (prior to the pandemic)</td>
<td>US$3,047, 2017</td>
</tr>
<tr>
<td>Population (prior to the pandemic)</td>
<td>23 million</td>
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<tr>
<td>Life expectancy (prior to the pandemic)</td>
<td>80.19 years, 2018</td>
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<tr>
<td>Date of first recorded case</td>
<td>January 21, 2020: a Taiwanese teacher returning from Wuhan; first domestic case on January 28, 2020</td>
</tr>
<tr>
<td>Date of first recorded death</td>
<td>March 23 2020</td>
</tr>
<tr>
<td>Date of 100th recorded death</td>
<td>N/A</td>
</tr>
<tr>
<td>Date lockdown entered</td>
<td>N/A</td>
</tr>
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<td>Number of confirmed cases (overall and per 100,000 population)</td>
<td>447 (1.92 per 100,000)</td>
</tr>
<tr>
<td>Number of confirmed deaths (overall and per 100,000 population)</td>
<td>7 (0.03 per 100,000)</td>
</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>N/A</td>
</tr>
</tbody>
</table>

2. Executive Summary

- A success story in the fight against the pandemic which has not resorted to authoritarian measures such as lockdown
- As of the end of June 2020, the number of confirmed cases is around 440 and that of confirmed Covid-19 deaths is 7
- Taiwan’s advantages include lessons from the 2002-2004 SARS outbreak, the capacity to mobilise big data and public trust in government
- The ‘Taiwan Model’ as a new weapon in its soft diplomacy
- The pervasive influence of the geopolitical situation: its fraught relationship with mainland China

3. Country Intro

The Head of state of Taiwan (officially, the Republic of China, RoC) is the President of the Republic of China, currently, Tsai Ing-wen. Taiwan is a unitary semi-presidential republic in which a popularly elected president co-exists with a prime minister and cabinet. The president has authority over five branches of government: the cabinet, the legislature, the judiciary, the audit agency and the civil service exam agency. The president appoints the cabinet including the prime minister. Taiwan is divided into 22 subnational divisions each with a local government led by an elected head and a local council. Matters for which local governments are responsible or partially responsible include social services, education, urban planning, public
construction, water management, environmental protection, transport and public safety. There are three types of subnational divisions: special municipalities, cities and counties. Taiwan is one of the most developed capitalist economies in the world and included in the advanced economies group by the International Monetary Fund (IMF) and regarded as a high-income economy by the World Bank. As in many other advanced economy, economic inequality is deemed to have worsened in recent years.

Key Dates

December 31 2019: Taiwan communicates its understanding of the newly emerging disease to the WHO via the International Health Regulations (IHR) focal point; enhanced border control and quarantine measures introduced including screening of passengers on flights from Wuhan before disembarkation.

January 20 2020: The Central Epidemic Command Centre (CECC) activated

January 21: The first confirmed case of Covid-19, a Taiwanese teacher returning from Wuhan

January 28: The first confirmed domestically transmitted case of Covid-19

February 6: A name-based rationing system for purchases of masks launched

February 25: The Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens passed

March 19: Border control tightened: banning all foreign visitors and a mandatory 14-day self-isolation for returning residents

March 24: Ban on transit in Taiwan

April 1: Masks became mandatory on public transport

April 4: The first national alert via text messaging issued

April 27: The mask donation scheme started

May 8: Professional baseball games played in front of spectators

May 18: Taiwan was not invited to the 73rd World Health Assembly

May 19: Travel and entry ban extended till the end of June

May 20: The inauguration of President Tsai’s second term

The above shows how early Taiwan started to take measures against the emerging pandemic, which is one of the factors that have contributed to Taiwan being a success story. Below, we will qualitatively examine various factors that have shaped Taiwan’s response to the pandemic.

4. Political and Policy Responses

The ways in which Taiwan has responded to the Covid-19 pandemic is examined below, with factors that have shaped Taiwan’s response identified and discussed.


An Undisputed Success Story: The Taiwan Model

As the world continues to grapple with the Covid-19 pandemic, Taiwan has widely been touted as a success story with a number of confirmed cases in the 400s and that of confirmed Covid-19 death at 7 at the end of June 2020.\(^{196}\) The way Taiwan has dealt with the pandemic is now packaged as ‘the Taiwan Model’ and heavily publicised by the Ministry of Foreign Affairs (MOFA) as part of its soft power diplomacy.\(^{197}\) The Taiwanese government has achieved not only international recognition and praise but also solid domestic support due to its handling of the Covid-19 pandemic. The approval rate of President Tsai, who was inaugurated for the second time on 20 May, reached 72.6% with the disapproval rate at 17.3% .\(^{198}\) How has this remarkable feat come about? There are a number of factors behind it.

The Experience of the 2002-2004 SARS Outbreak

Taiwan was one of the 29 countries/regions that was affected by SARS which originated from Guangdong Province, China, with a total of 73 deaths. The experience led to the formation of the Central Epidemic Command Centre (CECC) in 2004 which co-ordinates various government departments and mobilises resources across the government in an emergency such as a pandemic.\(^{199}\) Some also highlight that the experience of being excluded from the WHO at the time of the SARS outbreak has made the Taiwanese government more self-reliant in reference to disease.\(^{200}\)

As soon as they learned of a mysterious pneumonia spreading in Wuhan, assuming the worst case scenario, the Taiwanese government started to screen passengers on flights from Wuhan before they disembarked on December 31 2019, as well as writing to the WHO about the yet-to-be-identified disease. On January 20 2020, the CECC was activated and has been taking the lead in combating the Covid-19 pandemic in Taiwan.

The Use of Big Data

One of the key aspects of the Taiwan Model as described by the MOFA is the use of big data. Combining almost universal national health care coverage (99.9%)\(^{201}\) with advanced IT, the Taiwanese government has devised and implemented policies that are effective in identifying those most at risk of infection and in dealing with the shortage of goods such as facial masks. As also seen in South Korea, the Taiwanese government has also deployed aggressive contract tracing based on big data it holds.

In order to combat the shortage of masks, the government launched a name-based rationing system for purchases of masks on February 6 which linked the right

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to purchase a set number of masks at a designated outlet with the purchaser’s National Health Insurance card making the most of health data held by the government. At the same time, the government launched its ‘I’m OK, you take one first’ campaign and advised the public that a healthy person did not need to wear a mask.

While introducing a rationing system for masks, the government invested US$6.8 million to expand the country’s mask production capacity with 60 new mask production lines. As a result, Taiwan’s daily mask production capacity expanded from 1.8 million to 8 million masks. Once the domestic demand was fully met, the government started to donate excess masks around the world as part of a charm offensive.

**Trust Building and Maintenance Through Transparency**

Recognising building and maintaining public trust in the government was crucial for successfully containing the virus, the Taiwanese government started to hold a daily press conference on January 23 to keep citizens informed. The CECC acted as an open and transparent portal about the epidemic and the government worked with LINE, a communication software popular in Taiwan, to provide information in real time.

The aggressive contact tracing system has led to a number of people placed in quarantine. Self-isolating is monitored by neighbourhood wardens, who check quarantine conditions are not being flouted. However, he/she also brings basic food supplies to those quarantined to ensure their welfare. The government later introduced a programme providing monetary compensation of US$456 (NT$14,000) per person who is in quarantine for 14-days. This support is credited with having provided an incentive to people to report their symptoms honestly.

**Support for Business**

On February 13 2020, the government announced that it was to roll out a US$2 billion (NT$60 billion) relief package for businesses affected by the Covid-19 pandemic targeting restaurants, retail, shopping districts, night markets, traditional markets, expo centers and other businesses that promote domestic demand. Agriculture, tourism and

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202 Taiwan Centers for Disease Control, Name-based rationing system for purchases of masks to be launched on February 6; public to buy masks with their (NHI) card, Press release (4 February 2020). Available online: [https://www.cdc.gov.tw/En/Bulletin/Detail/ZlJrIunqRjM49LIBn8p6eA?typeid=158](https://www.cdc.gov.tw/En/Bulletin/Detail/ZlJrIunqRjM49LIBn8p6eA?typeid=158) [Accessed 26/05/2020].


206 Executive Yuan (2020a), Secondary legislation for COVID-19 act to ensure public health and economic stability’, Press release (12 March 2020). Available online: [https://english.ey.gov.tw/Page/61BF20C3E89B856/6f306c3f-b3d4-4f07-80e7-6eb77ebc918c](https://english.ey.gov.tw/Page/61BF20C3E89B856/6f306c3f-b3d4-4f07-80e7-6eb77ebc918c) [Accessed 27/05/2020].

transportation were also targeted. The budget was approved by the cabinet on February 27, 2020, and of a total of US$2 billion, US$645 million was directed to Covid-19 response efforts and US$1.33 billion was used to help out businesses.

Following this, on March 12, President Tsai issued five directives: 1. To implement the US$2 billion special budget to fund disease prevention; 2. All government departments to shift spending priorities to concentrate on emergency measures to mobilise further US$1.3 billion; 3. To implement government investments and procurements to accelerate the expansion of domestic demand; 4. To help accelerate private investment to maintain economic momentum and vitality and 5. To stabilise financial markets and maintain stability in foreign exchange and the stock market.

As the pandemic’s grip on the globe tightened, the parliament approved the plan to expand the special budget to combat Covid-19 to US$6.9 billion on April 23 and the bill was sent to the Legislature. In providing support for businesses, the Taiwanese government is following a similar route to those taken by other countries.

Pure Coincidence

The then Vice President of the RoC, Chen Chien-jen, is a renowned epidemiologist and former health minister. Having a scientist with relevant expertise at the heart of policy making has undoubtedly helped. He offers a video entitled ‘the coronavirus: a crash course by Vice President Chen’, which gave credence to government policy.

Former Vice President of Taiwan (Republic of China) Chen Chien-jen

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210 President’s Office, President Tsai announces five proactive measures to boost Taiwan’s economic momentum and vitality, Press release (12 March 2020). Available online: https://english.president.gov.tw/NEWS/5984 [Accessed 26/05/2020].


5. Discussion

Clearly, Taiwan has managed to deal with the pandemic very well. Despite its geographical, economic and social proximity with Wuhan, where the outbreak started, Taiwan has managed to avoid an overshoot in the infection rate and the number of confirmed cases stands below 450 and that of death at 7 as of the end of June 2020. Still, the pandemic is expected to inflict severe damage on the Taiwanese economy and the IMF projects the Taiwanese economy would shrink by 4% in 2020 due to fallouts of the pandemic and reviving the economy is now an even more urgent task for the government having contained the first and second waves of infection.

The Taiwanese government’s responses to the Covid-19 pandemic have been shaped and framed by a variety of factors, some of them are peculiar to Taiwan and some are widely shared.

The Experience of the SARS Outbreak

This is shared with Hong Kong and South Korea, two other polities widely accredited to have coped with the pandemic relatively well. In the case of Taiwan, the experience led to the establishment of the CECC, which has clearly contributed to the effectiveness of measures put in place to combat the SARS-CoV-2 virus.

The Tense Relationship with the People’s Republic of China (PRC)

While there is close business and social connection between Taiwan and the PRC, the diplomatic relationship between the two has been fraught with tension. This could be a factor enabling the Taiwanese government to take decisive action in securing its borders. Taiwan started to screen passengers from Wuhan on 31 January 2019 and subsequently banned the entry of foreign visitors, which arguably minimised the risk of the SARS-CoV-2 virus being brought in. On the other hand, in Hong Kong, medical staff went on strike demanding the closure of the border with mainland China without achieving their aim. An argument can be made that Taiwan benefitted from the tricky geopolitical situation in terms of mounting an effective defence against the virus.

The Use of Big Data

As in the case of South Korea, Taiwan appears to make the most of data it has collected on its citizens in dealing with the pandemic. In this regard, the small population size – 23 million – as well as a well-developed IT industry within its territory have constituted an advantage.

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The Government’s Commitment to Transparency and Popular Perception

The Taiwanese government has been able to mobilise data it has collected on its citizens because there is a high degree of trust in government. This has been achieved by the hard work of the party currently in power, the Democratic Progressive Party (DPP), which distinguishes itself from the establishment party, the Chinese Nationalist Party (CNP or Kuomintang), which is known for corruption, by insisting on the importance of transparency and accountability. The DPP government has stuck on the transparency ticket right from the beginning of the pandemic as seen in the fact that transparency is defined as a key aspect of the Taiwan Model. The case of Taiwan shows that a government can win public trust by being transparent, which in turn feeds into the public’s support of the use of big data.

It would go amiss if the report did not mention the geopolitical factor once again as constituting the overall background to Taiwan’s responses to the Covid-19 pandemic. Taiwan, or the Republic of China, is a state losing recognition in the world as the PRC is now the representative of China at the United Nations. The current government is seen as pro-independence and has a fraught relationship with the PRC. This fact has perhaps contributed to the effectiveness of the measures taken by the Taiwanese government as speculated above. At the same time, this has shaped the course of diplomacy Taiwan has been pursuing since the beginning of 2020 as the SARS-CoV-2 virus started to spread. It craves international recognition and the Taiwan Model is officially promoted by the MOFA. It has launched the ‘mask diplomacy’ initiative to demonstrate it is a good and responsible member of the international community. Above all, the recent disputes about the exclusion of Taiwan from the latest World Health Assembly and whether the WHO ignored information Taiwan was sending to it about the new virus since the end of 2019 show it is impossible to separate Taiwan’s policy responses to Covid-19 from its geopolitical position. In short, a country’s policy cannot be isolated from the geopolitical situation it finds itself in.

6. Concluding Remarks

The case study of Taiwan provides much food for thought in deliberating the relationship between Covid-19 and democracy. Taiwan is widely acknowledged as a success story in the fight against the SARS-CoV-2 virus and it has managed to avoid explosive infection without resorting to lockdown or authoritarian measures. It therefore constitutes proof that democracy can deal with a pandemic effectively without suspending citizens’ rights. That Taiwan has learned from the 2002-2004 SARS outbreak, that the current DPP government has been distinguishing itself from
the CNP by insisting on a higher degree of transparency and accountability have all contributed to this. However, the elephant in the room appears to be its fraught relationship with the PRC. Taiwan has been facing an existential threat despite its economic prosperity and the current DPP government has, in particular, been working on its legitimacy by maintaining a critical stance vis-a-vis the PRC. A case in point is President Tsai’s re-election. After losing the local elections in November 2018, she resigned as the leader of the DPP whose fortune appeared to be on the decline. However, as pro-democracy protest gained momentum in Hong Kong in summer 2019, her popularity soared as she and her DPP government stood by the protestors and offered aid and refuge for many Hongkongers. In a way, the DPP government has had to act in the manner they have acted as it has been the only way to enhance their legitimacy vis-à-vis the PRC. In this sense, the Taiwanese case highlights the self-evident: analyses of policy-making cannot be separated from the wider geopolitical background.
Chapter 8: United States of America, Dr Peter Finn

1. Key Facts

<table>
<thead>
<tr>
<th>Key Fact</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (prior to the pandemic)</td>
<td>US$65,280, 2019</td>
</tr>
<tr>
<td>Money spent on health-care per capita (prior to the pandemic)</td>
<td>US$10,246, 2017</td>
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<tr>
<td>Population (prior to the pandemic)</td>
<td>328.2 million</td>
</tr>
<tr>
<td>Life expectancy (prior to the pandemic)</td>
<td>78.6</td>
</tr>
<tr>
<td>Date of first recorded case</td>
<td>January 20 2020</td>
</tr>
<tr>
<td>Date of first recorded death</td>
<td>February 6 2020</td>
</tr>
<tr>
<td>Date of 100th recorded death</td>
<td>March 17 2020</td>
</tr>
<tr>
<td>Date lockdown entered</td>
<td>Varies by state/territory. Began in earnest mid-March 2020</td>
</tr>
<tr>
<td>Number of confirmed cases (overall and per 100,000 population)</td>
<td>2,575,033 (787.1 per 100,000)</td>
</tr>
<tr>
<td>Number of confirmed deaths (overall and per 100,000 population)</td>
<td>125,803 (38.45 per 100,000)</td>
</tr>
<tr>
<td>When/if lockdown measures were significantly eased</td>
<td>Varies by state/territory. Began in earnest late-April 2020, by late-June 2020 restrictions were starting to be re-imposed as cases rose again.</td>
</tr>
</tbody>
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2. Executive Summary

- Along with having the highest confirmed Covid-19 death toll in the world, there have been issues with testing and medical supplies
- This death toll and issues with testing and medical supplies have occurred despite high proportionate medical spending
- President Donald Trump has provided mixed, sometimes dangerous, messages
- Some states currently have relatively low infection and death rates, while others, particularly in the tri-state-New York area, have had serious outbreaks
- Since early June, confirmed cases of Covid-19 in some states that fared relatively well during the initial stages of the pandemic, such as California, Florida, Arizona, and Texas, have risen quickly
- These rises presaged the significant increases in death tolls currently being recorded in these states
- The economic impact of Covid-19 has been huge, with tens of millions losing jobs and health insurance, thus straining an already patchwork social safety net
- In late-May, the Covid-19 crisis became intermeshed with protests related to the death of George Floyd, who died during arrest

3. Country Intro

The US political system is complex, with elected officials and power split across various levels (federal, state, local). The US has 50 states, along with Washington
D.C. and five overseas territories. Washington D.C. houses the federal government (President, Congress, Supreme Court). States are diverse, with some, such as New York, important economic and political actors, and others, such as Vermont, small in both geographic and population terms. Moreover, others, like Wyoming, are large geographically but have small populations. Each state is governed by its own constitution, which is, in turn, subservient to the US Constitution.

The US economy, the world’s largest, is diversified, with output in different regions and states reflecting geographic, historic, political, and regulatory diversity. Health care accounts for around 17% of the US economy and is a major flashpoint politically. It is a mainly privatised system that is governed differently in each state and territory and encompasses two major federal programs: Medicaid (which caters to those on low incomes) and Medicare (which mainly caters to those over 65). This system leaves tens of millions of people uninsured.

US politics is dominated by the Republican and Democratic parties. The former is associated with right-wing conservative thinking and policies, while the latter identifies with more left-wing, socially liberal stances. However, there are big differences within and between parties at local, state, and national levels.

At the outbreak of the Covid-19 Pandemic the presidency (executive branch) was held by Donald Trump, a Republican who has challenged norms of behaviour (if not necessarily always Republican policies). Congress (the legislative branch) was split, with the Democrats holding a majority in the House of Representatives and Republicans holding a Senate majority, though this Senate majority fell short of the two thirds majority needed in some instances. A point of tension is where power lies between federal, state, and local governments.

Key Dates

**November 2019**: US national military and intelligence services receive reports of a pneumonia outbreak in Wuhan, China

**Early-January 2020**: Information about the potential outbreak of a contagious disease in Wuhan in daily intelligence brief received by President Donald Trump

**January 7**: US Centers for Disease Control and Prevention (CDC) creates a 2019-nCoV Incident Management Structure

**January 20**: First confirmed US case of Covid-19

**January 21**: CDC Emergency Operations Center activated

**January 29**: Trump launches Coronavirus Task Force

**February 6**: First confirmed US death

**March 6**: First federal Covid-19 stimulus package passes

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March 13: Trump declares National Emergency
March 15: CDC issues guidance that gatherings of 50 people should not take place for two months
Week of March 15: Large numbers of states and localities issue stay-at-home orders
March 17: 100th death confirmed
March 18: Second federal Covid-19 stimulus package passes
March 27: Third federal Covid-19 stimulus package, the most expensive bill in US history, passes
April 14: Trump suspends US WHO funding
April 17: Trump administration and CDC release three stage guidelines for re-opening that devolve power to governors. Some states begin to loosen some restrictions.
April 24: Fourth federal Covid-19 stimulus package passes
May 19: Trump threatens to permanently stop WHO funding
May 25: George Floyd dies whilst being arrested in Minneapolis after a police officer kneels on his neck. The death leads to widespread sustained protests.
May 27: US passes 100,000 confirmed deaths
May 29: Trump says he will terminate US relations with WHO
June 11: US passes 2 million confirmed cases (4 million cases reached July 23)

4. Political Responses

The first US Covid-19 case, a 35-year-old male recently returned from Wuhan, China, was recorded on January 20 2020 in Snohomish County, Washington State. However, subsequent testing of two residents of the same county who were ill in December 2019 with Covid-19 like symptoms showed the presence of Covid-19 related antibodies, suggesting Covid-19 may have been circulating earlier than originally thought. The first confirmed US death was a 57-year-old Californian female on February 6, with the 100th on March 17.

Trump’s response to Covid-19 has been characterised by mixed (sometimes dangerous) messages. This response included seemingly unsupported claims about the eventual death toll, and attacks against political opponents, parts of the federal government and members of his Coronavirus Task Force, prominent. Trump initially dismissed Covid-19, but after the WHO declared a pandemic in mid-March, Trump

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said ‘I’ve always known [...] this is a pandemic.’

On April 23 Trump questioned whether injecting ultraviolet light or disinfectant could be used to treat Covid-19. He later claimed he was being sarcastic. However, medical professionals, elected officials, cleaning product manufacturers and the US Food and Drug Administration Commissioner all clarified that cleaning products should not be injected or ingested. Trump has also attacked the media, offered support to those protesting stay-at-home orders, contradicted the US’s most senior epidemiologist, used racist language to characterize Covid-19 and criticised the response of the CDC, which he oversees.
The congressional response has been a mixture of partisan discord and bipartisan engagement. Congressional Republicans have generally, though not always, backed Trump, whilst Democrats have criticised Trump and the federal response. This discord and engagement has, as of early-June, led to the passing of four stimulus bills.

Governors and mayors have been prominent within states. Noteworthy in this regard have been the Democratic New York State Governor Andrew Cuomo and the Democratic New York City Mayor Bill de Blasio. Cuomo and de Blasio have engaged in public recriminations with Trump, with pushback particularly vociferous in instances when Trump, and other Republicans, suggested states with Democratic governors could see less federal support than Republican controlled states. In an early-May poll, 49 out of 50 state governors had significantly better (between 11% and

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42% higher) poll ratings than Trump for their Covid-19 response. By June 30, Trump had a disapproval rating of 56% and an approval rating of 40.5%.

5. Policy Responses

On January 7, the CDC created a dedicated Incident Management Structure and its Emergency Operations Center was ‘activated’ January 21. On January 17, US airports receiving significant numbers of travellers from Wuhan, China, had screening of travellers from Wuhan progressively introduced. The CDC advised against ‘nonessential’ travel to China January 27.

Federal Response

Trump launched a Coronavirus Task Force on January 29, implemented restrictions on entry for some who had been in mainland China January 31 and declared a National Emergency, which released $50bn (£40bn) in emergency relief funds.

March 13. On March 15 the CDC issued guidance that gatherings of 50 people should not take place for two months, though some institutions such as schools and colleges were exempt.

This guidance preceded bipartisan action across numerous states and localities over the next week.

244 A. Blake, ‘49 of 50 governors have better coronavirus poll numbers than Trump’, Washington Post. 19 May 2020. Available online: https://www.washingtonpost.com/politics/2020/05/19/49-50-governors-have-better-coronavirus-numbers-than-trump/ [Accessed 20/05/2020].


252 E. Bowman, ‘CDC recommends against gatherings of 50 or more; states close bars and restaurants’ NPR. 15 March 2020. Available online: https://www.npr.org/2020/03/15/816245252/cdc-recommends-suspending-gatherings-of-50-or-more-people-for-the-next-8-weeks [Accessed 22/05/2020].


On April 13, Trump erroneously claimed he, and not governors, had the power to begin opening up the US. Though four days later he deferred to governors while releasing three stage White House-CDC guidelines for governors to work within. May 1 was slated for the beginning of a phased reopening, though the guidelines were critiqued by many as scant on details. The Director of the USAID Office of US Foreign Disaster Assistance under Barack Obama summed up such concerns by stating “I'm concerned that this plan is laying out what needs to happen, without saying how it's going to happen and what the federal role is”.

Testing

As elsewhere, testing has caused controversy. By early-May, almost 250,000 daily tests were occurring with responsibility for testing largely devolved to states. On May 7 a Harvard University study projected only 9 states would be carrying out enough tests to control Covid-19 by May 15. Likewise a May 20 University of Minnesota report said ‘[c]urrent plans’ did ‘not sufficiently address the infrastructure needed’ and argued for federal ‘guidance and coordination’. On numerous occasions Trump has counterfactually stated ‘[i]f we didn’t do any testing, we would have very few cases’ while also arguing for slowing testing down with the goal of finding less cases. By late-May, the US was carrying out around 400,000 daily tests, with around 5% being positive for Covid-19. By June 30 around 600,000 tests were taking place daily, with around 7% proving positive.

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253 Thomas, ‘Trump claims he, not governors, has power’.
258 US Centers for Disease Control and Prevention; The White House, 2020 *Guidelines for Opening*. Hurt; Stein; Wroth, ‘U.S. Coronavirus testing still falls short’.
260 B. Lee, ‘Trump: Without coronavirus testing 'We would have very few cases,' here is the reaction’ *Forbes*. 15 May 2020. Available online: forbes.com/sites/brucelee/2020/05/15/trump-without-doing-covid-19-coronavirus-testing-we-would-have-very-few-cases-here-is-the-reaction/#50054a0f518c [Accessed 27/05/2020].
Disagreement exists about testing requirements. Caitlin Rivers of Johns Hopkins University, for instance, stated in early-May that 500,000 daily tests would help facilitate US contract tracing. The Harvard Global Health Institute, meanwhile, argued for a million daily tests, with others urging significantly more testing.264

Rather than an aberration, problems with testing are emblematic of broader issues with medical supplies, with acute shortages of ventilators and personal protective equipment developing by April and a lack of coordination similarly exacerbating problems. Indeed, a piece in the New England Journal of Medicine in late-April asserted that a ‘[f]ailure to act in a coordinated manner’ moving forward ‘would keep many patients from getting the care they need’.265 Such predictions appear prescient, with Deborah Burger, president of National Nurses United, highlighting that, as of early-July, there were “still shortages of gowns, hair covers, shoe covers, masks, [and] N95 [surgical] masks”.266 These failures and lack of coordination occurred despite the fact the US spends the highest percentage of its GDP on health care, almost 16.9% in 2018, of any developed economy.267

Economic Effects

The economic impacts of Covid-19 have been huge. By May 21, for instance, 38.6 million people had filed for federal unemployment insurance since mid-March.268 Relatedly, one study estimated up to 27 million people lost health insurance linked to their employment, or the employment of someone they depend on, by May 2,269 while there were protests in numerous states calling for a re-opening, in part due to the economic effects of shutdowns.270

In early-June there were signs a partial recovery had taken hold as states began to open up. However, this recovery appears to have faltered as confirmed Covid-19 cases began rising steadily in late-June.271 Bipartisan congressional action has partly addressed the economic impacts of Covid-19, with four bills signed into law by Trump by April 24.

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The first two bills became law on March 6 and March 18. Among other measures, they modestly expanded unemployment insurance and required Medicare and private health insurance to cover Covid-19 testing. March 27 saw the third bill, ‘the most expensive single spending bill ever enacted in American history’, become law. Provisions included direct cash payments to individuals and ‘forgivable [small business] government loans’. Controversially, these loans have also gone to large businesses. A fourth bill, mainly providing further funds to small businesses, was enacted April 24.  

As of June 30, a further stimulus bill appears likely at some point.

Despite their size and scale, the success of these bills is up for debate. However, rather than solely reflecting the very real problems with the US’s Covid-19 response, current events should also be seen in relation to the patchwork nature of the US social safety net, the structure of which one commentator labelled a ‘shambles’ that ‘barely works in stable times’.

State Level Differences

The US passed 100,000 confirmed Covid-19 deaths on May 27. However, disparities exist between states. On May 28, for example, there had been 144.7 deaths per 100,000 people in New York state, whilst one study found that, as of early-May, between 60-65% of US cases traced back to New York. Yet, on May 28 California had suffered just 9.9 confirmed deaths per 100,000, and Texas just 5.6 per 100,000.

As highlighted above, the governor of New York, Andrew Cuomo, and the mayor of New York City, Bill de Blasio, have gained prominence. Cuomo has been criticised for initially downplaying Covid-19. Moreover, by the time Cuomo issued a statewide stay-at-home order March 22, five days after de Blasio first proposed one for New York City (a suggestion Cuomo purportedly dismissed), New York already had 65% of US cases traced back to New York.

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over 15,000 confirmed cases. San Francisco, meanwhile, issued a stay-at-home order on March 16, when the city had under 40 confirmed cases and no deaths. A statewide Californian stay-at-home order was issued March 19. Crucially, coordination between city level officials, such as Democratic San Francisco Mayor London Breed, and the Democratic governor Gavin Newsom appears to have been significant.280 In fairness to Cuomo, by the end of March he was clearly taking Covid-19 seriously and issuing calls for healthcare professionals from across the US to travel to New York to help if they were able.281 However, according to Tom Frieden, former New York City Health Commissioner, had New York City imposed stay-at-home orders between one and two weeks earlier, its death toll could have been reduced by 50 to 80 per cent.282

As such, while the human geography and economic stratification of New York City mean it was particularly susceptible to a serious outbreak of Covid-19 (especially in poorer neighbourhoods), the significant differences between New York and California in the early stages of the pandemic demonstrates the importance of acting early in stopping face to face interaction, thus reducing transmission. As importantly, the Californian experience appears to demonstrate that coordination between different levels can bring substantial benefits.

6. Discussion

Clear health messages are vital. Such messages need to be delivered consistently, with those of most prominence taking the lead. Unfortunately, Trump has not provided clear and consistent messages. Similar critiques can also be made of some (though certainly not all) Republican politicians at federal and state levels, as well as Democrats, such as Cuomo, who initially failed to take Covid-19 seriously.

Moving Early Matters

As demonstrated by the difference in the New York and Californian death tolls, the speed of response matters. Though densely populated neighbourhoods, wealth disparities and the continual flow of tourists likely made New York City vulnerable, the three-week time-lag between the city’s first confirmed case on March 1 and the statewide New York stay-at-home order allowed SARS-CoV-2 to spread unabated. Alarming, one study estimated that by March 1 there were already 10,700 cases in the city.283 Detailing the potential cost of this time lag, another found that had the measures in place countrywide by March 15 been implemented a week earlier, 36,000 fewer deaths may have occurred through May 3, equivalent to around 55% of US deaths.


More positively, another study estimated that, as of early-June, lockdown measures such as stay-at-home orders had prevented 60 million Covid-19 infections in the US.

Future Outbreaks

Despite low death tolls in some states thus far, scope for further outbreaks exists, or for slower burn death tolls to lead to significant numbers of deaths, in states such as California and Texas. As already stated, on May 28 California and Texas had confirmed Covid-19 death rates of 9.9 and 5.6 per 100,000 respectively, with the figure 144.7 for New York state. However, by June 30 the number of cases in California had risen from a 7-day rolling average of around 1,600 new cases per day on May 8, when the state began reopening, to around 6,000 new cases per day. Likewise, new cases in Texas rose from around 800 new cases per day when the state began reopening on April 20 to almost 6,000 new cases per day on June 30. Large rises in confirmed cases have also occurred in states such as Florida, Arizona and North and South Carolina. T. Beer, ‘Shutdowns prevented approximately 60 million coronavirus cases in US, study shows’ Forbes. 8 June 2020. Available online: https://www.forbes.com/sites/tommybeer/2020/06/08/shutdowns-prevented-approximately-60-million-coronavirus-cases-in-us-study-shows/#1d68cfa47192 [Accessed 07/07/2020].

These numbers did not yet reflect the daily counts of 10,000+ regularly reported by New York state in early-April (though Florida has seen a number of days with 10,000+ cases reported), and probably also reflect better population knowledge and testing. However, they suggest Covid-19 related fatalities in Texas, California, and other states, are likely to rise in July, as well as illustrating how quickly infection rates can rise if outbreaks are not contained quickly. In short, given the likelihood that those planning the US response to Covid-19 moving forward will be faced with either slow burn outbreaks continuing for many months, or a large second spike in the fall, or both, little room for complacency exists.

Black Lives Matter

One variable that demonstrates the need to think about politics in its broadest sense when discussing policy responses to Covid-19 is protests arising from the death of George Floyd, who died during arrest in Minneapolis, Minnesota, after a police officer knelt on his neck on May 25. The death was filmed and led to condemnation of the actions of the arresting officers from many quarters and to large protests in many US cities. Illuminating how the pandemic became intertwined with the protests Eddie S. Glaude Jr eloquently surmised ‘George Floyd’s death brings into view the terror and trauma that shadow black people’s experiences in this country. COVID-19


has not changed that. In fact, terror, trauma and coronavirus are knotted together in a thick briar bush with thorns. As protests grew, concerns were voiced about large protests leading to spikes in Covid-19 cases, whilst the CDC issued guidance on June 13 that 'strongly encourage' those attending large gatherings involving 'shouting, chanting, [and] singing' to use a '[c]loth face covering'. Interestingly, a working paper that triangulated data on new cases from the 315 largest US cities found ‘no evidence’ that protests had caused spikes in Covid-19 cases. The paper argued this was because ‘stay-at-home behavior [by non-protestors] increased' when the protests began.

Death Toll

As elsewhere, the US Covid-19 death toll is disputed. Official statistics currently show the US reaching 100,000 deaths on May 27. However, a Yale School of Public Health study found that, against historical data, the US reached 100,000 excess deaths between May 1 and May 9, with around 26,000 excess deaths occurring on top of those attributed to Covid-19 between January 4 and May 9, 2020. Not all excess deaths are necessarily caused by Covid-19, but could, for instance, include those ‘afraid to seek medical help for unrelated illnesses’. Similarly, in early-June the Washington Post found that ‘fewer than half [...] [of US] states are following federal recommendations to report probable novel coronavirus cases and deaths’.

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289 E. Glaude, ‘We cannot wait for white America to end racism’ Time Magazine. 15 June 2020. 22-23.
294 E. Brown.; B. Reinhard.; L. Sun.; R. Thebault, ‘CDC wants states to count ‘probable’ coronavirus cases and deaths, but most aren’t doing it’ The Washington Post. 8 June 2020. Available online:
An important factor related to death tolls and infection rates in the US is the disproportionate effect that Covid-19 has had on communities of colour. Per CDC statistics, for instance, as of early-June despite making up 13% of the US population African Americans accounted for 22% of those infected and 23% of deaths. As such, though there are important state level differences shown by the study, on a macro level it demonstrates the importance of policymakers taking a holistic view rather than just focusing only on deaths and events directly linked to the pandemic.

7. Concluding Remarks

The effects of Covid-19 on the US are likely to be long-term. Most obvious is the emotional toll taken by a pandemic that has quickly killed more than 100,000 people and disproportionately affected communities of colour (a disparity reflecting longer term structural problems). Economic effects include a huge unemployment surge, large numbers of businesses entering administration and millions losing access to Healthcare. Politically, it seems fair to assume the effects will be significant and build across time, with concurrent effects on policy being real and long-lasting. The growth of the Tea Party movement, for instance, arose from the political universe created by the 2008 financial crash. Given the size, scale, and response to Covid-19, it is likely to feed into the development of political movements in a myriad of ways. Indeed, the political convulsions caused by the death of George Floyd have become intermingled with the crisis, and the US has a general election in November, that will see Trump, a third of the Senate, all members of the House of Representatives, and a raft of state level representatives, up for re-election. Moreover, there is at least a possibility that the November election will take place during a second surge of US Covid-19 cases. If this transpires, the political and policy responses to Covid-19 will surely be an even more important issue than is already likely to be the case.


A chapter in a forthcoming report focused on policy themes, scheduled for publication in December 2020, will consider how the Covid-19 pandemic has affected US primary elections held throughout 2020.
Contributor Biographies

**Dr Robin Pettitt** is a Senior Lecturer in Comparative Politics at Kingston University, London (UK). He is an expert on political parties with a particular emphasis on the UK. His most recent book is *Recruiting and Retaining Party Activists*.

**Dr Robert Ledger** has a PhD in political science from Queen Mary University of London. He previously worked as a lecturer at Kingston University, London (UK), and currently lives in Frankfurt am Main. He teaches at Schiller University Heidelberg and the Frankfurt School of Finance & Management and is a visiting researcher at Frankfurt Goethe University. He is the author of *Neoliberal Thought and Thatcherism: ‘A Transition From Here to There?’*

**Radu Cinpoes** is Head of the Department of Politics and Associate Professor in Politics, Human Rights, and International Relations at Kingston University, London (UK). Growing out of his interest in nationalism and the politics of exclusion, his research has recently focused on two complementary directions: migration, mobility, and refugee issues, on the one hand, and issues concerning discrimination and intolerance, on the other. He has published on the extreme right, nationalism, European identity, and Romanian politics.

**Dr Nevena Nancheva** is Senior Lecturer in Politics, International Relations and Human Rights at Kingston University, London (UK). She studies migration and minorities in European contexts. She has written about the Balkans and Bulgaria previously, and she is also studying EU (and Bulgarian) migration to Europe. She has won recognition in Forced Migration Studies and in European Studies.

**Dr Ronald Ranta** is a Senior Lecturer in Politics and International Relations at Kingston University London (UK). He has written extensively on Israeli politics, nationalism, food culture and societal issues. His recent books on these subjects include, *The Decision not to Decide: Israel and the Occupied Territories 1967-1977* (Palgrave: 2015) and *From the Arab Other to the Israeli Self: Palestinian Culture in the Making of Israeli National Identity* (Routledge: 2016).

**Atsuko Ichijo** is Associate Professor in the Department of Politics, International Relations and Human Rights, Kingston University, London (UK). Her research interest is in the field of nationalism studies. She is an editor of *Nations and Nationalism*, the book series editor of ‘Identities and Modernities in Europe’ and a joint book series editor of ‘Food and Identities in a Globalising World’ with Ronald Ranta, both series published by Palgrave.

**Dr Peter Finn** is a multi-award-winning Senior Lecturer in Politics at Kingston University, London (UK). He is interested in democracy, human rights, national security, and the US electoral system. He is currently co-editing a volume focused on the official record, the rule of law, national security, and democracy. He is project lead on the Covid-19 and Democracy Project.

**Sam Plumpton** is a Research Assistant for the Covid-19 and Democracy Project. He is currently undergoing his MSc in International Conflict at Kingston University, London (UK). He will begin his PhD in political science at Kingston University as of October 2020. His research interest is the intersection of dis/ability studies and political science.

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The Covid-19 and Democracy Project

Department of Politics, International Relations and Human Rights: Kingston University, London

Project Lead: Peter Finn (p.finn@kingston.ac.uk)