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Covid-19 pandemic in Slovakia

Slovakia: panic and discipline at the edge of the EU

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With only 11 deaths for 5.45 million inhabitants, and only 10 Covid-19 victims in intensive care, Slovakia has been much more successful than West European countries in containing the pandemic. Citizens ask themselves how long a landlocked country can resist the pandemic. Economically, the country is vulnerable. The export-oriented economy is heading into deep recession, including the auto industry that dominates industrial production. Shops are closed except for food and pharmacies. Schools won't reopen until September. Slovaks working in Western Europe are flocking home jobless.

Describe the state of the pandemic in Slovakia. How many people are infected? How many have died? What do experts expect in the coming weeks in terms of how fast the contagion will spread.

Eleven people have died: two per million inhabitants. This is one of the lowest rates in the world. Six of the deaths so far are linked to a single care home, where 55 of 93 residents and 9 staff tested positive. Similar local clusters are likely in other care homes and among Slovaks returning from Western Europe. [1] Many migrant workers are Roma, and there is a particular risk of community transmission in overcrowded Roma ghettos, some of which lack water supply or even electricity.

Testing data is unreliable, because of the low rate of testing. Until last week, the public health system did about 2,000 daily, the last few days have seen 3,000 tests. [2] There are 1,089 confirmed cases. Tests are only done on people with serious symptoms associated with Covid-19. Since care home residents are not tested, infections are undetected until a hospitalisation or death occurs. A recent cluster of six deaths in one senior care home may provoke a change in testing strategy. Health administrators in the capital Bratislava are promising to test all care home residents with high temperature.

Some deaths outside hospitals are surely not counted, as elsewhere in Europe. But such deaths must be few in number, since total senior citizen deaths in March 2020 are only 1% higher than the same time last year. [3]

Just before Easter, the government sent army and police to quarantine six of Slovakia's 800 Roma ghettos. The government was hoping to find a 10% infection rate, which has been defined as the trigger for quarantining a residential area. Only a handful of cases were detected, but these communities remain surrounded by police. The cops were caught on camera threatening to shoot escapees. Fortunately the only failed 'escape attempts' so far have been by children, without a violent response. The government insists that it will test the remaining ghettos and is ready to lock them down. Those locked down will stay that way: no further tests are planned there, and no additional health or social workers have been dispatched. The poorest quarantined ghettos have been provided with piped water, but there are no opportunities to collect firewood.

Private health providers do 200-300 tests daily, for anyone willing to pay 70 EUR (the minimum wage for a day). Almost no infections have been detected by private testers: those tested are mostly healthy working-age adults who want to be sure they will not infect their aged relatives.

Lockdown measures have slowed the contagion rate. The government considered but rejected a strategy of eradication. Because of the low rate of testing, the authorities project a gradual increase in infections over the next two months mostly via undetected community transmission. With most of the deaths so far linked to a single senior care home, the worse case scenario is a multiplication of undetected clusters in care homes and Roma ghettos. But in any case, the health system faces a much lower burden than in Western Europe, thanks to the low number of

cases. There are currently only 10 covid-19 patients in intensive care, of which three are receiving breathing assistance.

Please describe measures your government is taking now to contain the virus and treat people infected with Covid-19. Is there a state of emergency, are schools closed, etc.?

Slovakia's very low infection rate is the result of early and significant changes in public attitudes, which politicians responded to. The public became widely concerned with the pandemic in nearby Italy and other countries, leading to a spontaneous reduction in socialisation.

Schools, places of entertainment and most retail outlets were closed indefinitely in early March. Any gradual reopening is expected to start with retail outlets and schools. Physical distancing measures and restrictions on places of entertainment are expected to continue until a vaccine is available.

On 11 March, a time-limited 'exceptional situation' was declared. This gives the executive and police additional powers, though less than in a 'state of emergency.' Only parliament can renew the 'exceptional situation' or upgrade to a 'state of emergency.'

Employers have been advised, but not obliged to ensure sanitary conditions. In fact most workplace inspections have been cancelled as the civil service switches to remote operations.

Borders were closed, except for citizens and permanent residents. Those crossing the border daily for work or study were initially exempt, also because the Austrian government pleaded with Slovakia to facilitate the passage of thousands of Slovaks working in Austrian social care and health providers. These exceptions have been gradually cancelled and border crossing is now difficult and time-consuming. A covid-19 test certificate and 72 hour prior registration is required except for truck drivers, who spend 12-18 hours at the border. This has created shortages and bottlenecks across the economy, which is highly integrated into the EU core.

Citizens and permanent residents returning from Western Europe (where infection rates are significantly higher) were initially advised, then required to self-quarantine at home. Following concern with a perceived lack of self-discipline, the authorities imposed 14 day quarantine in hotels (at full cost) or in government camps (free of charge).

School graduation tests and entrance exams will be held virtually. Other end of year tests have been cancelled. Most secondary schools are now working several hours daily on-line. A large minority of secondary students have no home access to computers and high-speed internet, but most have telephone access. Most pupils without telephone/internet access are Roma. Public TV is broadcasting several hours of primary school materials to support parents and pupils.

In the capital Bratislava, and some other cities, the authorities have opened emergency residential centres for the homeless, with compulsory testing. State-subsidised charity providers mostly closed their operations in the first weeks of the crisis.

How has your health care system responded to the crisis? What are your health care system's greatest weaknesses? What are its greatest strengths?

The equipment, management and human resource capacity of the health system has not yet been tested, since the infection rate remains extremely low.

Motivation among health workers has been low for decades because of underfunding. During the 30 years of capitalism, oligarchs gradually took control of parts of the health system via privatisation. The level of basic care declined, and the middle-classes increasingly purchased supplementary health insurance. Bribes and 'presents' to doctors and nurses have always been widespread. Slovakia spends less of its GDP on healthcare than most EU countries. Nevertheless, the number of hospital beds remains adequate, and health staff are well trained.

Health workers have increasingly emigrated to western Europe over the last 20 years, partially replaced by mostly Ukrainian immigrants. Earlier this year, the former (left-populist) government floated a proposal to require reimbursement of study costs for those who leave the country within the first years after graduation.

Shortages of health equipment are compounded by a lack of strategic reserves. The Ministry of Health has struggled to source new supplies in a crowded market. West European countries have repeatedly outbid their Slovak counterparts on global marketplaces. Like other EU countries, Slovakia has prioritised local producers and restricted export of health materials. Local production of masks and breathing equipment seems adequate, although local breathing equipment does not meet the specifications previously required for intensive care units. Oligarchs have promised to develop and donate 100,000 free tests starting from the end of April. [\[4\]](#)

Local oligarchs are maneuvering to avoid state coordination of private healthcare providers, which would be allowed under the 'exceptional situation'. The oligarch group J&T, which secured a dominant position in private health under the previous government, is struggling to build relationships of cooperation and corruption with the new government. Their official offer of support is a 4m EUR donation of personal protection equipment and ventilators.

Care homes are increasingly recognised as a weak link in public health care. Visits were banned in mid-March, but there has been almost no provision of personal protection equipment. Fortunately, more Slovak seniors live with their children and grandchildren than is common in West Europe. Less of the older generation are dependent on collective care, with the associated infection risks. [\[5\]](#)

How is the unemployment and health insurance system coping with the crisis? What special welfare programmes have been introduced in response to Covid-19?

The government adapted an existing regulation allowing one parent of of sick children under 12 (or disabled children under 18) to claim sick leave. School closure is now sufficient justification for such a claim, covering the period until the end of the school year (30 June). Parents (usually mothers) are massively using this benefit, which was introduced during the socialist period.

Workers and self-employed who are out of work because their workplace was ordered to close may be eligible for 80% of their previous income. So may workers and self-employed if they lose their livelihood because their business turnover drops at least 40% during the Covid-19 crisis. Some subsidy may be offered to employers who maintain employment in similar conditions, probably through a *kurzarbeit* system (working hours reduced to 70%, wages reduced to 80%, of which employer pays 80% wages and state pays 20% from the social insurance system).

Deadlines for tax, social and health insurance payments by self-employed and small businesses have been extended for several months, to ease their cash flow problems.

However most of these measures remain untested, because the government has been slow to introduce specific regulations, and those approved so far have tough eligibility conditions (all previous taxes and contributions must be paid up to date) and the administrative requirements for applicants and for the processing of applications are high. In the first week of applications, only 7% of eligible claimants were processed. In half the cases, applications were

rejected because of missing scanned documents or incorrect completion of the forms. For the lucky 3.5% whose claims have been accepted, money has still not been transferred.

Unemployed workers will continue to be covered by health insurance, but self-employed may still be required to pay their compulsory contribution even if they have no income.

Within a couple of months, the health insurance and social insurance systems, and probably also the private health insurance companies, are likely to be insolvent. The government will borrow to replenish the state funds, but the accumulated debts of these state and private funds will be the subject of debate in future years. Privatisation of the public insurance system, or nationalisation or sale to foreigners of the private insurance funds?

Migrants and cross-border workers are mostly registered in the social insurance system in the country where they were working. Many face difficulties in claiming their welfare benefits.

Describe the official political response to Covid-19 in your country from the far-right and conservative parties, to liberal and social democrat parties, and the parties of the left if applicable.

The 'state of exception' was introduced in the final weeks of the outgoing left-populist government of Smer-Social Democracy. The incoming coalition of right-populists, conservatives, liberals, and Christian fundamentalists was elected on an anti-corruption programme. So far, they appear inexperienced and incompetent, particularly the narcissistic Prime Minister Igor Matovi. Like Donald Trump, he seems addicted to rambling press conferences, and late-night social media posts insulting those who question his decisions.

Matovi claims to be led by his scientific advisors, but is also obsessed with his personal popularity. For a few weeks, he was tempted to lockdown even more, with a goal of eradication of the virus. He is now insisting on indefinite maintenance of current measures. The economic liberals in his coalition are pushing for a gradual relaxation of restrictions on retail commerce and facilitation of trade with EU neighbours. The right populists and christian fundamentalists have avoided public disagreements with Matovi, and remain focused on occupying key positions. The right populists of Sme Rodina (We are Family) are maneuvering for control over public procurement and investment. The christian fundamentalists (a faction inside Matovi's loose OĽaNO party) have successfully taken key positions in the ministries of health and education. Their medium-term agenda is to restrict abortion, education about sexuality and reproductive health and reverse what they call the 'gender agenda' or 'culture of death'. In the short term, if access to non-urgent procedures is restricted, they will maneuver to remove abortion from any list of urgent medical interventions.

In opposition after 11 years, Smer - Social Democracy affects a concern with human rights and privacy, quite inconsistent with their own record. Slovakia has more police per 100,000 inhabitants than any country in the EU. Also in opposition, the fascist SNS struggles to distinguish itself from the other parties, in parliament and on social media.

How have trade unions responded to the crisis? Especially public sector, education, and health care unions?

Private sector unions are weak, with only a handful of companies employing more than 250 people. The auto producers who dominate the export sector closed down temporarily and are gradually reopening. Many civil servants are 'working from home' but without computers. A proposal to open schools during the normal summer break was quickly abandoned. The government's welfare promises have reassured workers, although many worry they face long-term unemployment.

Strikes are forbidden in the health sector during the 'exceptional situation.' There is no public pressure, via social

media for example, to increase pay for health workers. The population only demands that health workers receive adequate personal protection equipment.

Amazon has set up several facilities in recent years, including the European centre for processing returned goods and a multilingual call centre. Unfortunately, these workplaces have been slow to join the worker protests that have impacted Amazon in the last few weeks.

Slovaks providing senior care in Austrian families have begun to organise, faced with the failures of the social insurance system and private employment agencies. 50-60,000 mostly female workers can no longer operate their two weeks on, two weeks off home care shifts, now that the border is closed. This care work is the main form of employment in some smaller towns and villages where socialist-era factories have closed.

How have social movements (student, feminist, ecological, immigrant, indigenous, etc.) responded to the crisis?

The population, rather than politicians, can take credit for Slovakia's early response to the pandemic. Politicians responded to public concerns by closing schools, borders and workplaces. Belgium and Slovakia closed their bars and restaurants within a few days of each other. But on the eve of closure, Belgian bars were full while Slovak bars were empty. People began making their own face masks; by mid-March these were the norm. Then transport providers and shops began refusing service to those without masks. Politicians and public figures became careful not to appear without masks.

Volunteerism has increased, from a very low base, and there are numerous local initiatives to support isolated seniors and other vulnerable groups. There has been an increase in civil society support for victims of domestic violence.

However, the dominant dynamics in civil society are panic and prejudice. The police has requested citizens to stop informing on neighbours who don't wear masks, because the switchboard is overloaded. Some people who tested positive for Covid-19 were harassed by their neighbours. There is no (white) public backlash to the quarantining of Roma ghettos, only complaints that once again the 'Gypsies' are getting preferential treatment.

Can you discuss the impact of the Covid-19 crisis and how you think it will impact national politics in the coming weeks and months?

The right-populist government took power only a month ago. The crisis is dominating the internal maneuvering of the government coalition, which still has to produce a government programme. There are still no proposals for medium- and long-term reconstruction, beyond repeated promises to 'finally tackle corruption.'

The government has promised to introduce a phone application to monitor compliance with the lockdown. Police have so far preferred to issue warnings rather than penalties or arrests. The automatization of control may lead to increased range and number of penalties, and a civil liberties backlash from a population whose patience is exhausted.

Source [ESSF](#).

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[1] An estimated 0.4m of the 5.45m population had migrated within the EU for work and study.

[2] Total tests, including private clinics, to 17 April 2020 = 39,864.

[3] There is so far no increase in the overall death rate. Deaths in January 2020 were 2% lower than one year earlier. In February 8% lower, and in March, the first month where covid-19 related deaths could be expected, total deaths were only 1% lower than one year earlier. For those aged 60 and above, the change in annual death rate is January -3%, February -7%, March +1%. Source, Slovak Ministry of Interior Press Office, as reported in <https://www.dalito.sk/umrtnost-na-slovensku-pred-aj-pocas-pandemie/>

[4] PM Igor Matovic, Office of the Government press conference, 7 April 2020

[5] Senior care homes have 40,000 residents and 25,000 staff, according to the Ministry of Labour 2017 Annual Report.