



Updated March 1, 2021

Europe, COVID-19, and U.S. Relations

COVID-19 in Europe

Like most of the rest of the world, European governments and the European Union (EU) have struggled to manage the Coronavirus Disease 2019 (COVID-19) pandemic.

European leaders have characterized the pandemic as Europe’s biggest challenge since the Second World War, with potentially far-reaching political, social, and economic consequences beyond the public health impact. Members of Congress may be interested in COVID-19’s implications for U.S. relations with Europe, including in NATO and with the EU, and in how the pandemic might alter certain U.S.-European dynamics, especially vis-à-vis China.

Statistics

The first wave of the pandemic in Europe occurred in spring 2020 but subsided in the summer. A second wave began in early fall 2020. As of early March 2021, about 27.2 million confirmed COVID-19 infections and roughly 679,000 deaths had been reported across the 27-member EU, the United Kingdom (UK), Norway, and Switzerland (out of a combined population of roughly 527 million).

Table 1. COVID-19 Cases and Deaths in Europe: Top 10 Affected Countries
(by number of cases, as of March 1, 2021)

Country	Cases	Deaths	Deaths per 100,000	Case Fatality Rates
UK	4,188,827	123,083	185.12	2.9%
France	3,747,263	85,741	128.00	2.3%
Spain	3,188,553	69,142	147.98	2.2%
Italy	2,925,265	97,699	161.67	3.3%
Germany	2,450,295	70,152	84.59	2.9%
Poland	1,706,986	43,769	115.25	2.6%
Czech Rep.	1,235,480	20,339	191.41	1.6%
Netherlands	1,103,564	15,688	91.05	1.4%
Romania	801,994	20,350	104.50	2.5%
Belgium	771,511	22,077	193.28	2.9%

Source: Johns Hopkins University School of Medicine, Coronavirus Resource Center, March 1, 2021, updated daily at <https://coronavirus.jhu.edu/>.

As seen in **Table 1**, the UK, France, Spain, Italy, and Germany have experienced the largest number of infections. The second wave hit several Central and Eastern European countries—including Poland and the Czech Republic—harder than the first wave. The second surge followed the relaxation of social and economic restrictions

in many European countries over the summer and the onset of colder weather. Some experts warn that a third wave is possible with the spread of more infectious virus variants.

European Responses

In March 2020, in response to the first wave of the pandemic, nearly all European governments imposed national “lockdown” restrictions and social-distancing measures—including banning large gatherings, closing schools and nonessential businesses, and restricting movement—although these measures varied by country in strictness and other aspects. Most European governments also enacted national border controls. Sweden took a notably different approach that trusted citizens to practice social distancing and imposed few mandatory restrictions, but many public health experts questioned this strategy. European governments began implementing phased reopening plans in mid-April and early May 2020. Most European leaders stressed the need for continued social distancing, and many governments required the use of face masks, especially indoors.

The pandemic has spurred serious economic difficulties throughout Europe. The EU estimates its total economy contracted by 6.3% in 2020 but will grow by 3.7% in 2021. The speed of economic recovery, however, is expected to vary among member states. Measures enacted by European governments to mitigate the economic downturn include loan programs and credit guarantees for companies, income subsidies for affected workers, tax deferrals, and debt repayment deferments.

As COVID-19 cases began to increase again in early fall 2020, European governments attempted to avoid a second round of national lockdowns, opting instead for targeted restrictions on regional or local virus “hot spots” to preserve economic recovery and in light of growing “pandemic fatigue” and public protests. By late October, Belgium, the Czech Republic, France, Germany, Ireland, Italy, Spain, and others had reimposed national restrictions, although most countries kept schools open and measures in some were less stringent than during the first wave. By December, amid mounting infections and growing concerns about a faster-spreading variant of the virus first detected in the UK, some European governments had closed schools and nonessential shops.

EU and other European countries have begun vaccination programs. Officials hope that, as vaccinations proceed, they will enable restrictions to be eased gradually in the coming months. According to Oxford University data, 4.8% of the total EU population and 29.6% of the UK population have received at least one dose of a COVID-19 vaccine (as of February 28, 2021).

EU Actions

Although national governments retain control over most aspects of health policy, the EU has sought to play a leading role in managing the European response to the pandemic and harmonizing policies in an effort to prevent internal discord and promote EU solidarity. The EU coordinated the imposition of bloc-wide travel restrictions on most foreign visitors; worked to ensure the provision of sufficient personal protective equipment (PPE) and other medical supplies across Europe; and is supporting research and development (R&D) of treatments, diagnostics, and vaccines, in part through leading international donor efforts. The EU is procuring vaccines on behalf of all member states, but production delays and relatively slow vaccine distribution have frustrated EU officials, stoked public anger, and prompted criticism of the EU initiative.

The EU also is focused on promoting economic recovery. In April 2020, the EU agreed on a €540 billion (about \$660 billion) financial aid package for workers, businesses, and member states. The EU is finalizing a €750 billion (around \$918 billion) recovery fund—to include issuing EU bonds backed jointly by member states—attached to a recently approved €1.1 trillion (roughly \$1.3 trillion) budget for 2021-2027. The European Central Bank, which manages the EU's common currency (the euro) used by 19 members, established an emergency bond-buying program totaling €1.8 trillion (about \$2.2 trillion) as of December 2020.

NATO's Role

NATO and allied military personnel, including from the United States, have taken an active role in assisting civilian responses to COVID-19 in Europe and beyond. Although NATO traditionally focuses on military threats, it possesses command and control and logistics capabilities to coordinate multilateral responses to a range of security challenges, including natural disasters and the COVID-19 pandemic. Among other measures, NATO officials report that allied military forces have delivered critical supplies around the world and helped to build field hospitals and conduct testing across the alliance. In an effort to bolster its pandemic response capacities, NATO also established a stockpile of medical equipment and a new fund to enable rapid distribution of medical supplies and services.

Impact on U.S.-European Relations

During the Trump Administration, COVID-19 further strained an already tense U.S.-European relationship. Pandemic-related issues—including U.S. and EU travel bans; competition for PPE, medical equipment, and the R&D of vaccines and treatments; and President Trump's decision to withdraw from the World Health Organization (WHO)—generated considerable friction with many European countries and the EU. Many analysts consider U.S. and European leadership as instrumental in managing past global public health crises, such as the 2014-2016 Ebola outbreak, but view diplomatic cooperation on the COVID-19 pandemic as largely lacking in 2020. The Trump Administration asserted it sought to work with European partners to address various aspects of the pandemic, including in NATO and the Group of 7 (G-7) leading industrialized democracies. U.S. and EU scientific and regulatory experts also established technical dialogues on pandemic-related issues. President Biden has pledged to

enhance cooperation with Europe to defeat COVID-19, halted the U.S. withdrawal from the WHO, and announced the United States will contribute up to \$4 billion for COVAX, a WHO-led initiative supported by the EU to deliver vaccines and treatments to developing countries.

Relations with China

Some experts contend that COVID-19 could prompt a closer alignment of U.S. and European policy interests with respect to China. Many U.S. officials and some in Congress have voiced apprehension about China's efforts to enhance its influence in Europe. Notwithstanding initial concerns that China's *face mask diplomacy* would build goodwill, analysts assess that the pandemic and its aftermath—including China's waging of a pandemic-related disinformation campaign in Europe—hardened European attitudes toward China. For some Europeans, the pandemic has highlighted Europe's overreliance on China in global supply chains and the vulnerability of its critical infrastructure and companies to foreign takeover. China's COVID-19-related actions may be contributing to decisions by some European governments—including the UK and France—to ban or limit the participation of Chinese telecommunications company Huawei in building out their fifth generation (5G) wireless networks. The Trump Administration and the EU launched a new dialogue on China in October 2020. The Biden Administration and the EU have expressed interest in intensifying cooperation, but devising a common approach to the strategic and economic concerns posed by China likely will remain challenging.

Congressional Interests

Many Members of Congress retain a long-standing interest in European affairs and the transatlantic partnership. Some analysts argue that combatting the pandemic requires more robust U.S.-European cooperation. Potential areas for congressional consideration may include the following:

- The extent of U.S.-European collaboration on COVID-19 in forums such as NATO or the G-7, and possible new U.S.-EU initiatives to improve preparedness and early warning of global health threats
- Possibilities for enhancing U.S.-European economic cooperation to help promote financial recovery on both sides of the Atlantic, including through potential new U.S.-EU and U.S.-UK free trade agreements
- Potential ways to reduce supply chain vulnerabilities for PPE and other medical equipment, for example by deepening existing U.S.-EU regulatory cooperation on pharmaceuticals and medical devices
- Options for countering COVID-19 disinformation campaigns that have targeted the United States and its European allies and are believed to be backed by China, Russia, and other foreign powers

Kristin Archick, Specialist in European Affairs

Paul Belkin, Analyst in European Affairs

Sarah E. Garding, Analyst in European Affairs

Derek E. Mix, Specialist in European Affairs

Rachel L. Martin, Research Assistant

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.