Amendment 17
Robert Roos
on behalf of the ECR Group
Stasys Jakeliūnas, Christine Anderson

Report
Dolors Montserrat
COVID-19 pandemic: lessons learned and recommendations for the future
(2022/2076(INI))

Motion for a resolution (Rule 181(3) of the Rules of Procedure) replacing non-legislative motion for a resolution A9-0217/2023

European Parliament resolution on COVID-19 pandemic: lessons learned and recommendations for the future

The European Parliament,

– having regard to its decision of 10 March 2022 setting up a special committee on the COVID-19 pandemic: lessons learned and recommendations for the future, its responsibilities, numerical strength and term of office¹, adopted under Rule 207 of its Rules of Procedure,

– having regard to the Treaty on the Functioning of the European Union (TFEU),

– having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 2, 3, 11, 16, 20, 21, 24, 25 and 35 thereof,

– having regard to the Oviedo Convention on Human Rights and Biomedicine and its Protocols²,

– having regard to the inquiry and findings of European Ombudsman in case 1316/2021/MIG and in joint cases 85/2021/MIG³ and 86/2021/MIG⁴ on the European Commission’s refusal of public access to text messages exchanged between the Commission President and the CEO of a pharmaceutical company on the purchase of a COVID-19 vaccine⁵,

– having regard to the fact that the European Public Prosecutor’s Office (EPPO) has confirmed the existence of an ongoing investigation into the acquisition of COVID-19

shots in the European Union,

– having regard to Regulation (EC) No 1049/2001 of the European Parliament and of the Council of 30 May 2001 regarding public access to European Parliament, Council and Commission documents, under which text messages whose content relates to the policies, activities and decisions falling within the institution’s sphere of responsibility, are considered EU documents,

– having regard to the extension of the committee’s term of office by three months, as announced in Plenary on 18 January 2023,

– having regard to the study entitled ‘Impact of COVID-19 measures on democracy and fundamental rights – Best practices and lessons learned in the Member States and third countries’, published by its Directorate-General for Internal Policies on 12 December 2022,

– having regard to the five bulletins of the EU Agency for Fundamental Rights (FRA) on the fundamental rights implications of the coronavirus pandemic in the EU,

– having regard to Rules 54 and 207 of its Rules of Procedure,

Introduction and overview

1. Acknowledges that the COVID-19 pandemic and governments’ response to it has impacted the lives of millions of people and has affected all levels and aspects of society across the board, causing immense damage both in Europe and globally;

2. Is grateful for the role played by healthcare services and the professionals who have been in the front line throughout the COVID-19 pandemic;

3. Underlines that the EU, as well as the rest of the world, was not sufficiently prepared to cope with a crisis of this dimension and made mistakes in handling the crisis;

4. Emphasises the need to learn from past mistakes in addressing the pandemic and expresses concern about repeating them; recognises the importance of reflecting on the challenges faced over the past three years, in order to ensure a more effective response in the future;

5. Expresses profound concern about and strongly regrets the significant shortcomings in the performance of the committee, specifically highlighting:

   (a) the distressing lack of diversity of views in the selection of the experts invited to the committee, thereby undermining the balanced representation necessary for a comprehensive assessment of the EU’s pandemic response;

---

(b) the persistent lack of substantive answers to the questions raised, hampering the committee’s ability to draw relevant conclusions and issue recommendations;

(c) the constrained questioning owing to time limitations, restricting the committee’s capacity to engage in serious and comprehensive scrutiny;

(d) the limited utilisation of the ping-pong method, with only one instance of its application, impeding the thorough examination of pertinent issues;

(e) the outright refusal of Pfizer’s chief executive officer (CEO) Albert Bourla to participate in a hearing of the Special Committee on the COVID-19 pandemic: lessons learned and recommendations for the future (COVI Committee), impeding the committee’s ability to conduct a comprehensive and impartial investigation;

(f) the refusal of Commission President Ursula Von der Leyen to take part in a COVI Committee hearing, which raises grave concerns about the Commission’s commitment to transparency and its lack of democratic accountability towards the European Parliament;

(g) the Commission President’s failure to disclose the SMS messages exchanged with Pfizer’s CEO, which has critically deprived the COVI Committee of essential information required for a thorough evaluation and to properly assess the outcome of the negotiations led by the Commission;

(h) the denial of access to unredacted Purchase Agreements signed with vaccine producers, significantly obstructing the committee’s ability to effectively scrutinise the terms and conditions of these agreements;

A. Health

6. Notes that COVID-19 was initially perceived as an alarming and highly virulent illness but as the crisis gradually unfolded, it became clear that its predominant impact was on older people and individuals with underlying health conditions; highlights that statistical evidence substantiates this observation, as a significant proportion of severe cases and fatalities have been reported within these vulnerable demographics; remains concerned by the possible long-term effects of the disease;

7. Acknowledges that the initial concerns surrounding the widespread transmission and severity of the virus were overblown and that subsequent data has underscored the importance of targeted protective measures and tailored interventions to safeguard those most susceptible to severe illness, while ensuring a balanced approach that considers the broader health, social and economic implications for all segments of society;

8. Regrets the lack of an independent investigation into the origins of COVID-19;

9. Asserts that gain-of-function research raises profound ethical concerns and that the deliberate modification of pathogens to enhance their virulence or transmissibility poses inherent risks to public health and safety;

HEALTHCARE SYSTEM
10. Recognises that the COVID-19 pandemic has tested health systems that were already experiencing shortages of vital front-line workers, doctors and nurses; calls on the Member States to adopt a policy agenda tackling this shortage;

11. Expresses deep concern over the prevailing trend in many Member States, whereby an increasing proportion of public spending is directed towards managerial and administrative functions, shifting scarce resources away from investments and front-line healthcare professionals such as doctors and nurses;

12. Recalls the compromised situation in which the European Union found itself as a result of its dependence on third countries for the supply of essential goods or their components, such as medicines, diagnostic tests, personal medical protective equipment and hospital equipment;

13. Calls on the Member States to put plans in place for maintaining reserves of medical goods of critical importance and to prioritise the development of their own production capacities within the European Union, as a means to enhance self-sufficiency and reduce dependence on external supply chains;

14. Regrets the detrimental effects of the pandemic on the physical accessibility to crucial healthcare services, particularly with regard to doctors and hospitals; acknowledges the distressing reality of postponed medical treatments;

15. Notes with concern the extension of the mandate of the European Medicines Agency (EMA) and the creation of the European Health Emergency preparedness and Response Authority (HERA), a body intended to expand the EU’s influence over decisions in the area of health policy and, in particular, health emergencies; recalls that healthcare is a key Member State competence;

VACCINES

16. Stresses the fact that the European Union, and specifically the Commission, has predominantly directed its efforts and financial resources towards the procurement of COVID-19 vaccines, while ignoring alternative treatments to COVID-19;

17. Reaffirms that, according to the definition, in order for a medical product to be labelled as a vaccine, it must produce immunity against a disease so that the vaccinated person will neither become infected nor transmit the disease; notes that this condition was not met, as, in the COVI Committee hearing, the Pfizer representative Janine Small specifically stated that when the vaccines entered the market, the manufacturers ‘did not know if the vaccines are stopping the spread of the virus’; notes that the anti-COVID-19 shots, despite being labelled as vaccines, had not met the criteria for a vaccine, as it was proven that people injected with these medical products both became infected with and transmitted the disease; notes with concern that the European institutions changed the definition of a vaccine in order to justify the lack of effectiveness of anti-COVID-19 shots;

18. Observes that the effect of the vaccine in reducing the number of deaths and hospitalisations in the Union is unknown, as the COVID-19 shots were administered when the population’s natural immunity was already developing;
19. Underlines the numerous and worrying cases of patients suffering side effects from COVID-19 shots; notes that about 2.8 million individual case safety reports (ICSRs) related to COVID-19 shots were submitted to EudraVigilance over the period 2021-2022\(^8\), of which 11,823 had a suspected fatal outcome\(^9\); notes that these reported cases and deaths likely represent only a fraction of the true number that have occurred;

20. Recalls that everyone has the right to free and informed consent and independent decision-making before undergoing a medical procedure;

21. Condemns the proposals for and the administration of mandatory COVID-19 vaccinations in the workplace and the general obligation to receive COVID-19 vaccinations, particularly as the product only received conditional market authorisation and clinical trials were still ongoing;

22. Expresses deep concern over the lack of accessible channels for vaccine-injured individuals and their families to seek timely and adequate compensation for the adverse effects and injuries resulting from COVID-19 vaccines; condemns the transfer of liability from vaccine-producing companies to Member States, as this establishes a perilous precedent; emphasises that liability should consistently rest with the manufacturers, ensuring accountability and encouraging diligent adherence to rigorous safety standards throughout the development and distribution processes;

23. Notes that vaccination strategies, not only for COVID-19, remain a national competence and urges the Member States not to transfer this competence to the Union;

**Pfizer Text Messages**

24. Notes that in its negotiations with pharmaceutical companies, the Commission serves as a prime example of mismanagement and inadequate contract handling;

25. Recalls that Commission President Ursula von der Leyen and Albert Bourla, the CEO of Pfizer, exchanged text messages related to COVID-19 vaccine contracts for a period of at least one month; regrets that fact that after a request for public access to these text messages submitted by a journalist, the Commission refused to give access to these messages; recalls that the journalist, dissatisfied with the Commission’s decision, turned to the European Ombudsman; highlights that the Ombudsman concluded, based on an inquiry, that the way in which the Commission handled the request by the complainant constituted maladministration and that the poor handling of this issue should be a ‘wake-up call for all EU institutions’;

26. Deplores the fact that the Commission President refused to explain the context and content of these messages to the COVI Committee; regrets that the Commission and, by extension, the administration at European level, lacks transparency and accountability;

---


B. A coordinated approach with respect for democracy and fundamental rights

27. Underlines that the COVID-19 measures impacted the exercise of fundamental rights, in particular the rights of certain groups, such as older people and children;

LOCKDOWNS

28. Regrets the fact that most governments waited too long to switch from lockdowns to more focused protective measures;

29. Concedes that the negative repercussions of lockdowns surpassed the initial expectations; acknowledges that these measures imposed profound societal costs and engendered far-reaching consequences on physical and mental health, education, employment and socio-economic stability; calls for a thorough reassessment of the approach and suggests more focused protective measures instead of lockdowns;

30. Recalls the difficulty of lockdowns for children, as they were unable to go out or socialise with other children, which has affected their development;

31. Underlines that a comparison of EU Member States’ policies indicates that there is no direct correlation between states which adopted (on average) highly restrictive or laissez-faire regimes and cumulative COVID-19-related deaths; believes that the main lesson we have therefore learned from the pandemic is that we both can and need to manage future pandemics without lockdowns;

32. Believes that governments should never blindly follow the advice of a single group of experts focused on only one parameter, in this case the epidemiological situation; believes that there are many negative consequences of a lockdown that governments did not consider at the time, such as the impact of the non-treatment of other illnesses, the impact on children, the impact on mental and physical well-being and the impact on the economy;

EUROPEAN UNION DIGITAL COVID CERTIFICATE

33. Notes that the widespread use of the European Union Digital COVID Certificate (EUDCC) has been an issue of concern for individuals, as it raises a number of legal, ethical, scientific, religious and technical concerns;

34. Underlines the fact that the EUDCC was based on the false premise that the shots against COVID-19 would shield the holder from becoming infected and spreading the virus;

35. Recalls that it became clear during a COVI Committee hearing with Pfizer’s President of International Markets that Pfizer did not know whether transmission of the virus would be prevented or whether immunisation was sufficient before placing its vaccine on the market;

36. Underlines the fact that the EUDCC was supposedly going to be used to make travelling between Member States easier; condemns the national governments which made access to the workplace, shops or other spaces conditional on the presentation of the EUDCC,
including for children; notes with relief that the regulation on the EUDCC expired on 30 June 2023;

37. Recalls that the EUDCC was a crisis management tool with a specific and limited duration; notes with concern that the World Health Organization (WHO) has announced that it will take up the EU system of digital COVID-19 certification to establish a global system that will ‘help protect citizens across the world from on-going and future health threats, including pandemics’ as a first building block of the WHO Global Digital Health Certification Network;

38. Regrets the circumstances wherein its own Members were impeded from accessing the premises without providing proof of a negative PCR test or presenting an EUDCC; notes that a number of MEPs were sanctioned by the President of the European Parliament for defending their right as elected officials to enjoy unrestricted access to their place of work in order to exercise their mandate;

39. Shows solidarity with employees who did not have access to the workplace without presenting the EUDCC or providing proof of a negative PCR test; regrets that this led to forced vaccination or to the risk of job loss for the employees who, for health, religious or personal reasons, opted not to be injected; apologies for the fact that the European Parliament also adopted such discriminatory policies;

SOCIAL MEDIA CENSORSHIP

40. Notes with concern that some governments exerted pressure on social media platforms in order to suppress dissenting views during the pandemic; considers that the release of the so-called Twitter Files has shown that at least one social media company embarked on a campaign of content moderation and censorship during the pandemic; calls for the EU to protect open debate on social media platforms;

41. Regrets the drastic censorship measures by social media platforms against critical statements regarding the COVID-19 measures or the shots, including against official speeches by MEPs in the Plenary; underlines that even specialists and scientists were censored when they presented opinions that called into question the Commission’s strategy regarding vaccination and the efficacy and safety of the shots;

42. Recognises the importance of fostering an environment that encourages diverse perspectives and calls for the restoration of open and constructive discourse within the scientific community and on social media platforms; advocates the rehabilitation of critics who have suffered discrimination and have faced censorship for expressing critical views regarding the COVID-19 measures or vaccinations;

43. Recognises the difficulty in defining misinformation and establishing which practices involve misinformation, as this concept often means the stigmatisation of information or individuals for expressing certain ideas that are not supported by the majority at the time, which can restrict academic freedom and people’s fundamental right to freedom of expression and freedom of thought and conscience;

44. Points out that having a different opinion and questioning unclear data presented by pharmaceutical companies or institutions should never again be considered
disinformation; points out that the best tool to fight disinformation is transparency and truth;

45. Recalls that the most effective method of combating disinformation is the use of truthful and credible arguments that invite people to accept them willingly and reject information that is unreliable;

FUNDAMENTAL RIGHTS

46. Stresses that access to justice was severely impacted by the lockdowns; notes that courts were often closed down, ‘non-urgent’ cases and investigations were suspended and hearings were postponed, making it impossible for citizens to exercise their right to an effective remedy and a fair trial;

47. Regrets the closure of churches and restrictions on religious worship in some countries during the pandemic; recognises the significance of religious worship as fundamental right;

48. Recognises that state of emergency measures should remain temporary in nature and that governments should avoid prolonging their effect beyond the duration of the given crisis; underlines that even in such emergency situations, the rule of law must always be guaranteed;

C. Social and economic impact

49. Underlines the deep, general and widespread socio-economic impact of the COVID-19 measures on European societies, from school closures and devastated businesses to social isolation and domestic violence;

50. Notes that lockdowns and the consequent lack of physical exercise had an impact on people’s health and well-being, and that all these issues were particularly manifest in vulnerable at-risk groups;

THE ECONOMY

51. Notes that businesses, particularly small and medium-sized enterprises (SMEs), have been hard hit and were forced to adjust their business models in order to survive; notes, further, that many businesses, particularly SMEs, did not manage to survive the impact of social distancing and lockdown situations;

52. Recognises the profound ramifications of lockdown policies for global supply chains; acknowledges the substantial financial support extended to businesses and workers by governments, predominantly funded through debt and monetary financing measures; further acknowledges that disrupted supply chains, coupled with expansive monetary policies, have emerged as the primary catalysts for the prevailing inflationary trends;

53. Notes with concern that the EU circumvented Treaty provisions in order to fund NextGenerationEU by means of joint borrowing; notes the unexpected impact of rising interest rates on the public budget;
YOUNG PEOPLE

54. Stresses that young people were strongly impacted by the crisis, in particular by the disruption of their education and social and cultural life; regrets the fact that the lockdowns affected young people's mental health and social capital; is concerned about the strong evidence of a rise in mental health problems, anxiety, drug use, depression-related symptoms and suicidal behaviours;

55. Expresses its concern about the impact of face masks on the emotional health of children, as facial gestures are a means of non-verbal communication that enable the interpretation of relationships with other people, particularly for the youngest children who have not yet acquired verbal language;

56. Notes that students experienced a decline in educational quality and showed a decline in reading, writing and maths learning performance and the development of skills, which has had a negative long-term impact;

OLDER PEOPLE

57. Deplores the situation of loneliness in which many people found themselves during lockdown, particularly older people, who were unable to receive visits even from their relatives and even when they were in need of care;

58. Recalls the tragic impact of COVID-19 on long-term residential facilities in Europe; notes with concern that nursing home patients were excluded from care during the peaks of the pandemic, resulting in alarming mortality rates among older people; notes that deaths among older people accounted for a large proportion of COVID-19 fatalities and recalls the dramatic situation suffered by many of them in retirement homes and long-term care facilities resulting from delays and obstacles to their treatment and care;

D. Global EU

59. Notes the close cooperation between the Coalition for Epidemic Preparedness Innovations (CEPI) and the Global Alliance for Vaccines and Immunizations (GAVI), under the auspices of the WHO and UNICEF, leading to the creation of COVAX, which is aimed at accelerating the development and manufacture of COVID-19 vaccines and ensuring global, equitable access to vaccines; stresses that both CEPI and GAVI are private entities funded through private capital, which could represent a conflict of interest with the type of activities that they promote and develop; regrets the encroachment on the sovereignty of Member States, as well as that of the EU, through organisations such as these having a decision-making role and establishing an international strategy on how to deal with a pandemic situation;

60. Raises concerns regarding the proposed international agreement on pandemic prevention and preparedness and response developed by the WHO; questions the independence and impartiality of the WHO as a result of its funding sources; highlights the risk of decision-making becoming detached from citizens and emphasises the importance of local decision-making processes tailored to regional needs; calls for a transparent, accountable, and citizen-centric approach to pandemic response that upholds democratic principles;
Final recommendations

61. Recognises that a number of grave deficiencies severely undermined the COVI Committee’s capacity to fulfil its mandate, compromising its ability to conduct a rigorous and unbiased investigation;

62. Calls on the Commission and the Member States to fund and carry out an independent investigation into the origins of the COVID-19 pandemic;

63. Calls on the Commission to publish immediately all the text messages exchanged between the Commission President and the Pfizer CEO on the purchase of COVID-19 vaccines;

64. Calls on the Commission to publish immediately the full unredacted Purchase Agreements signed with the vaccine producers;

65. Commits to setting up a committee of inquiry concerning the procurement of COVID-19 vaccines, in accordance with Article 208 of its Rules of Procedure;

66. Calls for more research to determine the adverse and side effects caused by the COVID-19 shots, the best treatment options and compensation for the affected citizens; suggests the acknowledgment and recognition of a form of ‘post-vaccination syndrome’, ensuring that affected individuals receive proper medical attention and support;

67. Calls for the creation of the ‘COVID-19 Vaccine Side Effect Reparation Fund’ to compensate the victims suffering from adverse and/or side effects after having been vaccinated; calls on the Commission to look into using the profits of the COVID-19 vaccine producers to set up the fund;

68. Calls on the Commission to cease its cooperation with the EU-WHO digital partnership to technically develop the WHO Global Digital Health Certification Network as an International Certificate of Vaccination limiting the free movement of citizens;

69. Calls for an investigation into the sustained high level of excess mortality;

70. Calls for the EU to respect the Treaties and not continue on the path towards establishing a European Health Union, or a World Health Union, as health policy is a competence of the Member States;

71. States that effective coordination between Member States in the event of emergencies, such as a pandemic, can help to speed up the response to and mitigate the effects of such emergencies; calls, however, for stringent adherence to the principles of conferral, subsidiarity and proportionality at all times, particularly during a crisis;

72. Calls for the management of future pandemics to entail no infringements of fundamental rights;

73. Calls on the Commission and the Member States to apologise for the mistakes made during the pandemic, in particular related to the (indirect) vaccine mandates, the discriminatory treatment of non-vaccinated persons and the excessive lockdown
policies;

74. Instructs its President to forward this resolution to the Council, the Commission, and the
governments and parliaments of the Member States.