

**Question for written answer E-006102/2020/rev.1**  
**to the Commission**  
Rule 138  
**Lefteris Nikolaou-Alavanos (NI)**

**Subject:** Immediate requisitioning of intensive care units

Intensive care units (ICUs) in many Member States are alarmingly filled to capacity and claims by the EU and bourgeois governments about the availability of advanced health systems and COVID-proof public health facilities are proving spectacularly unfounded.

The period of time between the first and second wave of the pandemic has not been put to good use for the mass recruitment of healthcare professionals, the development of new ICU capacity or the adoption of measures to prevent and control the spread of the disease and ensure that all necessary coronavirus diagnostic and screening tests are carried out. As a result, clinics, wards, ICU beds and staff previously devoted to the treatment of other diseases are now being reassigned to enable public hospitals to cope with the pandemic more effectively, resulting in 'one-track' public health services.

Given that Greece and the other Member States are now well and truly in the grip of the pandemic, how does the Commission view the reluctance of governments to requisition — without compensation — private sector healthcare infrastructure and staff for deployment in a single state-run operation while they are, at the same time, willing to come to agreements with the business community regarding increased hospitalisation payments, enabling it to capitalise on the parlous state of the public health services and selectively increase its clientele with an eye to maximum profitability, with working people being required to pay for COVID-19 tests at private clinics and diagnostic centres that are being subsidised in various ways?