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THE COVID-19 CRISIS: AN ANALYSIS OF THE EU RESPONSE TO A TRANSBOUNDARY THREAT

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ABSTRACT

The COVID-19 pandemic has shaken the European Union (EU) to its core revealing the shortcomings of European health systems and Member States' unpreparedness to deal with health crises. In this article, we examine how the transboundary nature of COVID-19 affected the response of the EU to the COVID-19 crisis by applying the framework of analysis developed by Eriksson and Rhinard. We argue that the EU initially perceived COVID-19 as an external security issue; however, when Italy started to be severely affected by the virus, COVID-19 was framed as an internal security matter. In addition, we contend that other political concerns affected the promptness of an EU response to the crisis. Finally, we argue that the institutional structures which severely limited the scope of EU action during the pandemic may be reformed in order to grant the EU more power in public health.

KEYWORDS

COVID-19; European Union; Transboundary threats; Internal security; External security; Nexus.

RESUMO

A pandemia da COVID-19 esta a abalar a União Europeia (UE) revelando as deficiências dos sistemas de saúde europeus e a falta de preparação dos Estados-Membros para lidar com crises de saúde publica. Neste artigo, examinamos como a natureza transfronteiriça da COVID-19 afetou a resposta da UE à crise da COVID-19 aplicando o modelo de análise desenvolvido por Eriksson e Rhinard. Defendemos que, inicialmente, a UE considerou a COVID-19 como uma questão de segurança externa; contudo, quando a Itália começou a ser gravemente afetada pela doença, a COVID-19 foi enquadrada como uma questão de segurança interna. Além disso, afirmamos que outras preocupações políticas afetaram a prontidão de uma resposta europeia à crise. Finalmente, defendemos que as estruturas institucionais que limitaram o âmbito de ação da UE durante a pandemia poderão ser reformadas no futuro próximo a fim de conceder à UE mais poder na saúde pública.

PALAVRAS-CHAVE

COVID-19; União Europeia; Ameaças Transfronteiriças; Segurança Interna; Segurança Externa; Nexus

1. Introduction

At the time of writing this paper, the COVID-19 pandemic still rages on and assaults people's daily lives all over the world. What started as a "dozens of cases of pneumonia of unknown cause" in the province of Wuhan, China, in late December 2019, quickly started to wreak havoc around the world, causing thousands of infections and deaths[1]. Initially, in efforts to stop the spread of the virus, China closed off Wuhan's 11 million residents to the rest of China and the world[2] prompting various countries to send planes in order to evacuate their citizens[3]. On 30th January, after almost 10 000 infections and 300 deaths, the World Health Organization (WHO) declared a "public health emergency of international concern"[4]. However, the virus continued to spread around the world, motivating countries such as the United States, and European countries to declare a national state of emergency and put in place travel bans "on nonessential travel"[5].

The COVID-19 pandemic is an unprecedented crisis that reveals just how deeply countries are interconnected, and if there is a place in the world where interconnectedness is most striking is the European Union (EU) where the freedom of people, goods, capital and services reign since 1986[6]. It is to better understand to what extend the EU was prepared

[1] Taylor, D. B. (2020). "A Timeline of the Coronavirus Pandemic" [online], *The New York Times,* *https://www.nytimes.com/article/coronavirus-timeline.html* (accessed: 05/01/2021)
[2] ibid.
[3] BBC News. (2020a). "Covid-19: Milestones of the global pandemic" [online], https://www.bbc.com/news/world-54337098 (accessed: 05/01/2021)
[4] Taylor, op cit.
[5] ibid.
[6] Jacques Delors Institut, Bertelsmann Stiftung. (2017). "The four freedoms in the EU: Are they inseparable?", *Europa Briefing,* Berlin, Bertelsmann Stiftung and Jacques Delors Institut, translated by ETC Europe scrl, available at https://institutdelors.eu/wp-content/uploads/2018/01/171024jdigrundfreiheitenenwebeinzelseitena4.pdf (accessed: 05/01/2021)

for a crisis of the magnitude of COVID-19 that we will analyse its response to the pandemic. More particularly, we will look at how a virus, SARS-CoV-2, and the disease it causes, COVID-19, blur the line between internal and external security. So as to give a comprehensive analysis of the EU response to the crisis, and to study the implications of transboundary security issues, we chose to apply the framework of analysis set out by Johan Eriksson and Mark Rhinard in their article "The Internal-External Security Nexus"[7].

In this paper, we will first explain the link between COVID-19 and security with an account of what exactly are transboundary crises and how the process of securitization allows governments to contain this specific type of threat. Then, we will move on to a thorough analysis of the response of the EU to the COVID-19 crisis following the framework of Eriksson and Rhinard based on five dimensions: "problem", "perceptions", "policies", "politics" and "polity". Finally, we will conclude with a reflection on the future of the EU when it comes to the regulation of transboundary health threats.

2. COVID-19 and security: what link?

2.1 Transboundary crises

As the world and specially the EU becomes more interconnected, countries are becoming more susceptible to transboundary crises[8]. In the literature, transboundary crises are described as having the characteristics of crossing borders, being unpredictable and

[7] Eriksson, J., Rhinard, M. (2009). "The Internal—External Security Nexus: Notes on an Emerging Research Agenda", *Cooperation and Conflict*, vol. 44, no. 3
[8] Boin, A., Rhinard, M., Ekengren, M. (2014). "Managing Transboundary Crises: The Emergence of European Union Capacity", *Journal of Contingencies and Crisis Management*, vol. 22, no.3, p. 132

requiring a response from different sectors in order to overcome them[9]. Unconventional threats such as "infectious diseases, global terrorism and cyber plagues" are becoming frequent and they differ from traditional threats "in terms of their origin, trajectory and effect"[10]. Given their nature, transboundary crises demand not only a strong cooperation between "units, organizations, sectors, professions, and political jurisdictions", but also effective exchange of information[11].

In its history, the EU has confronted various transboundary crises. One of the first was the nuclear incident in reactor 4 of the Chernobyl nuclear power plant in 1986 whose repercussions reached "nearly all countries in the northern hemisphere" but specially Belarus, Russia, and of course Ukraine itself[12]. In the 1990s, mad cow disease made Member States panic and halt the consumption of beef coming from the UK[13]. Additionally, the terrorist attacks of 9/11 and the attacks in Madrid and London also contributed to increasing countries' "crisis awareness" and the implementation of prevention strategies[14].

At the level of the EU, transboundary issues started to be addressed under the area of Justice and Home Affairs (JHA) - the third pillar that composed the EU pillar structure until the Treaty of Lisbon abolished this configuration[15]. Although initial cooperation focused on "criminal justice and border matters", the definition of internal security evolved throughout

[9] ibid.; Eriksson, J., Rhinard, M., op cit., p. 246; Boin, A. (2018). "The Transboundary Crisis: Why we are unprepared and the road ahead", *Journal of Contingencies and Crisis Management*, vol. 27, no.1, p. 95
[10] Eriksson, Rhinard, op cit., p. 246
[11] Boin et al., op cit., p.132
[12] ibid.
[13] ibid.
[14] Boin, A., Rhinard, M. (2008). "Managing Transboundary Crises: What Role for the European Union?" *International Studies Review*, vol. 10, no. 1, p.5
[15] Kaunert, C. (2010). *European Internal Security:Towards Supranational governance in the Area of Freedom, Security and Justice?*, Manchester University Press, Manchester cited in Boin et al., op cit., p. 132

the years[16]. In the aftermath of the 9/11 attacks, the Council set up The Hague Program[17] which highlighted for the first time "the importance of preparing decision structures for transboundary crises"[18]. However, it was only with the Stockholm Program in place from 2010 to 2014 and the adoption of the Internal Security Strategy (ISS) by the Council in 2010 that an extension of the security agenda was finalized with the definition of "five core threats": "international crime networks, terrorism and radicalisation, cyber threats, border security [and] crises and disasters"[19].

Nonetheless, the very nature of transboundary issues has led multiple scholars to argue that transboundary threats establish a "connection" or "nexus" between internal and external security[20] and that states are "woefully underprepared"[21] to manage these security challenges. The pre-Cold War idea of an "'internal security' (concerned with crime, civil protection, law and order inside the state) and 'external security' (focused on defence and deterrence between states)" only rarely applies nowadays[22].

2.2 The securitization of COVID-19

The connection between infectious diseases and national security may not be obvious at first glance, but when we think of the health impact of pandemics, and how in turn they

[16] Boin, Rhinard, Ekengren, op cit., p.133
[17] Council. (2004). "The Hague Programme: strengthening freedom, security and justice in the European Union", Brussels: 13 December 2004, Reference No.16054/04
[18] Boin, et al., op cit., p.133
[19] ibid.
[20] Eriksson, Rhinard, op cit., p. 244
[21] "Boin, A. (2018). "The Transboundary Crisis: Why we are unprepared and the road ahead", *Journal of Contingencies and Crisis Management*, vol. 27, no.1, p. 94
[22] Eriksson, Rhinard, op cit., p. 245

destabilise social life, the economy and the political system[23], the threat becomes clearer. All these factors are only amplified when the pandemic is caused by "a novel pathogen, [which] has a high mortality and/or hospitalization rate and is easily spread"[24].

The link between infectious diseases and national security was first established in the 1980s, when HIV/AIDS epidemic was portrayed "as a potential security issue" by the United States, and twenty years later in 2000 when the United Nations Security Council adopted Resolution 1380 "officially defining HIV/AIDS as an international peace and security issue"[25]. Later on, as the SARS outbreak assaulted Asian countries in 2003, the World Health Organization (WHO) took "exceptional measures" and "framed SARS as a prototypical new health threat"[26], while countries such as the Philippines compared SARS to the likes of a terrorist threat and enacted numerous measures that are familiar to us all today: "mandatory quarantines", "closure of schools and entertainment centres", "strict immigration and border control" and temperature monitorization in airports[27]. Only six years later, in 2009, at the height of the H1N1 outbreak, the World Health Organization (WHO) declared for the first time a Public Emergency of International Concern[28].

The phenomenon of perceiving infectious diseases as a threat to national security and enacting strict measures in order to contain them is known as a process of

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[23] Davies, S.E. "National Security and Pandemics" [online], *United Nations Chronicle*, https://www.un.org/en/chronicle/article/national-security-and-pandemics (accessed: 27/12/2020)
[24] ibid.
[25] Shadyab, A., Hale, B., Shaffer, R. (2017). "HIV/AIDS securitization: Outcomes and current challenges", *Current HIV research*, 15(2), p. 78
[26] Hanrieder T., Kreuder-Sonnen, C. (2014). "WHO decides on the exception? Securitization and emergency governance in global health", *Security Dialogue*, 45(4), p. 337
[27] Caballero Anthony, M. (2006). "Combatting infectious diseases in East Asia: Securitization and Global Public Goods for health and human security", *Journal of International Affairs*, 59(2), p.112-113
[28] Hanrieder, Kreuder-Sonnen, op cit., p. 339

securitization. This theory was coined by Barry Buzan, Ole Waever and Jaap de Wilde from the Copenhagen School of Security Studies in 1998[29]. Although the scholars didn't mention infectious diseases *per se* in their theory, their aim was to extend the scope of security studies beyond the traditional object of analysis i.e. the political and military domain[30]. According to the authors, an issue is securitised when it is "presented as posing an existential threat to a designated referent object (traditionally, but not necessarily, the state, incorporating government, territory, and society)"[31]. Consequently, the framing of an event or issue as a threat enables governmental actors to adopt emergency measures or "take special powers" to neutralise the perceived threat[32].

Regarding the securitization of COVID-19, we can identify two dimensions of securitization: in political leaders' speeches and in the measures adopted by different governments. For instance, in his first COVID-19 related speech addressing the French people, the French President, Emmanuel Macron, invoked that France was at war, even if it was a health war ["guerre sanitaire"] and described COVID-19 as an "invisible" and "elusive" ["insaisissable"] enemy[33]. Likewise, in her address to the European Parliament on 26th March 2020, the President of the European Commission, Ursula von der Leyen, referred to COVID-19 as an "invisible enemy"[34]. Similarly, in her speech to the German people of

[29] Buzan *et al*. (1998). "*Security: a New Framework for Analysis*", Lynne Rienner Publishers, Inc., Colorado, 238p.
[30] ibid., pp.vii, 27
[31] ibid., p. 21
[32] ibid.
[33] Elysée. (2020, 16th March). "Adresse aux Français, 16 mars 2020" [online], https://www.elysee.fr/emmanuel-macron/2020/03/16/adresse-aux-francais-covid19 (accessed: 30/12/2020)
[34] European Commission. (2020). "Speech by President von der Leyen at the European Parliament Plenary on the European coordinated response to the COVID-19 outbreak" [online], https://ec.europa.eu/commission/presscorner/detail/en/speech_20_532 (accessed: 30/12/2020)

19th March 2020, the German Chancellor, Angela Merkel emphasised numerous times how "serious" the situation is and even compares the pandemic to the Second World War and the German reunification in the sense that in order to manage the pandemic, Germans had to display the same solidarity as in those historic events[35]. In addition to this rhetoric, various European countries took measures similar to that of Asian countries during the SARS outbreak in 2003 (cf. supra) and declared a state of emergency[36], a measure allowing the executive to implement measures quickly thereby derogating "from some human rights protections" and democratic processes, all the while guaranteeing the rule of law and proportionality of the measures[37].

Nevertheless, the securitization of COVID-19 is the object of critique as measures enacted by governments raise questions concerning limitations on fundamental freedoms and civil liberties. Indeed, measures such as lockdowns and forced quarantines contribute not only to the securitization of public health, but also of public life and social life[38]. Furthermore, the sharing of personal health information – enabled by contact tracing – may gravely impact people's right to privacy if limitations to this right are not proportionate "to the aim of public health"[39].

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[35] General Anzeiger. (2020, 19th March). "Angela Merkel's speech about the Corona virus in full" [online], translated by Mareike Graepel, https://ga.de/ga-english/news/angela-merkel-s-speech-about-the-corona-virus-in-full_aid-49639811 (accessed: 30/12/2020)
[36] DW. (2020, 14th April). "Coronavirus : What are the lockdown measures across Europe?" [online], https://www.dw.com/en/coronavirus-what-are-the-lockdown-measures-across-europe/a-52905137 (accessed: 29/12/2020)
[37] Democracy Reporting International. (2020). "Backgrounder: Covid-19 and States of Emergency in Europe" [online], https://democracy-reporting.org/ua/dri_publications/backgrounder-covid-19-and-states-of-emergency-in-europe/ (accessed: 30/12/2020)
[38] Nunes, J. (2020). "The COVID-19 pandemic: securitization, neoliberal crisis, and global vulnerabilization ", *Cadernos de Saúde Pública*, *36*(5), p. 1
[39] Van Kolfschooten, K., de Ruijter., A. (2020). "COVID-19 and privacy in the European Union: A legal perspective on contact tracing, *Contemporary Security Policy*, 41:3, pp. 487-488

It is therefore undeniable that COVID-19 is a transboundary threat which has prompted governments to react aggressively in order to contain the spread of this disease. In the next section we will conduct an analysis of the EU response to the COVID-19 crisis and look at how the measures, initiatives and actions of the EU reveal the connection between internal and external security.

3. The response of the EU to the pandemic: an analysis

In this section we will carry out an analysis of the EU response to the COVID-19 pandemic so as to highlight how its reaction was dictated by the transboundary nature of SARS-CoV-2 and how the very nature of the virus blurred the line between internal and external security. In order to do this, we will base ourselves on the analytical framework designed by Johan Eriksson and Mark Rhinard in their article "The Internal-External Security Nexus"[40].

According to Eriksson and Rhinard, studies have not paid close enough attention to the problematization of transboundary issues and how they establish "the nexus, or critical connections, between the internal and external security domains"[41]. Examining this nexus is particularly important because they shape government behaviour and determine their response to transboundary security issues[42]. Taking inspiration from multiple theories and approaches, including international relations, security studies, comparative politics and public administration, the authors come up with five dimensions structing their framework:

[40] Eriksson, Rhinard, op cit.
[41] ibid., p. 244
[42] ibid.

"problems, perceptions, policies, politics and polities" that will help to identify "the transboundary reach" and the "nexus or (..) divide between the external and internal domains of security"[43]. We will examine the reaction of the EU to the COVID-19 pandemic according to these dimensions in the following subsections.

3.1 First dimension: "problems"

The first dimension that the authors establish is "problems". Here, the scholars propose to analyse transnational security issues in themselves, in an objective manner without value-based judgements, in order to assess whether the problem has an "internal, external or transboundary nature"[44], for this they distinguish between two concepts: "transnational security issues" which has an "objective content", and "transnational security threats" which is "subjectively constructed"[45].

In the case of SARS-CoV-2 (COVID-19), it is a virus that belongs to the group of coronaviruses such as the severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) that appeared, respectively, in 2002 and 2012 provoking "fatal respiratory illness" and establishing coronavirus as "a new public health concern"[46]. SARS-CoV-2 originated in December 2019 in the Chinese city of Wuhan, in the province of Hubei[47]. Given its "high transmission efficiency and the abundance of

[43] ibid., p. 252
[44] ibid.
[45] ibid., p. 245
[46] Hu, B., Guo, H., Zhou, P. *et al.* (2020). "Characteristics of SARS-CoV-2 and COVID-19", *Nature Reviews Microbiology*,, p. 1 citing Cui, J., Li, F. & Shi, Z. L. (2019). "Origin and evolution of pathogenic coronaviruses", *Nature Reviews Microbiology,* 17, 181–192
[47] Hu, Guo, Zhou, *et al.,* op cit., p. 1

international travel", COVID-19 spread fast around the globe[48] pushing the WHO to declare a Public Health Emergency of International Concern on 30th January 2020[49] and declare the disease a pandemic on 11th March 2020[50]. When infected, people can be asymptomatic (especially when it comes to children and young adults), or display symptoms such as "fever, dry cough and fatigue"[51]. In patients over 60 years old and with pre-existing health problems, the disease can lead to "acute respiratory distress syndrome and death", as well as "multiple organ failure"[52], although 81% of the cases in China were mild[53]. The fact that there is still no effective treatment[54] to counter the effects of the disease only adds to its gravity. At the time of writing this paper, we count 85 837 100 million cases and 1 856 520 deaths worldwide[55] with 17 348 389 cases and 427 798 deaths reported in the EU/EEA and the UK[56]. In March, three months after the first reported cases in Wuhan, the sudden and severe rise of cases in Europe prompted the WHO to point Europe as the "epicentre" of the

[48] ibid., p. 2
[49] World Health Organization. (2020a). "COVID-19 Public Health Emergency of International Concern (PHEIC): Global research and innovation forum" [online], https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum (accessed: 28/12/2020)
[50] World Health Organization. (2020b). "Coronavirus disease 2019 (COVID-19): Situation report – 51" [online], https://www.who.int/docs/default- source/coronaviruse/situation- reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10 (accessed: 28/12/2020)
[51] Hu, Guo, *et al.,* op cit., p. 7
[52] ibid.
[53] ibid., p.8
[54] ibid., p. 9
[55] Johns Hopkins University of Medicine. (2020). "COVID-19 Dashboard by the Center for Systems Science and Engeneering (CSSE) at the Johns Hopking University (JHU)" [online], https://coronavirus.jhu.edu/map.html (accessed : 05/01/2021)
[56] European Centre for Disease Prevention and Control. (2020). "Covid-19 situation update for the EU/EEA and the UK, as of week 51 2020 [online], https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea (accessed: 05/01/2021)

pandemic[57]. By that time, several European hospitals were already overwhelmed, with doctors being obliged to make difficult decisions about which patient to treat and save[58].

Given how fast COVID-19 spread in China and around the world, and the sheer number of people that were infected and died due to the disease, there is no questioning that COVID-19 can be classified as a transboundary issue that has no regard of borders. Consequently, we can say that it crosses the divide between internal and external security. We can therefore move on to the analysis of the next dimension that will allow us to emphasise even more the nexus between internal and external security.

3.2 Second dimension: "perceptions"

The second dimension put forward by Eriksson and Rhinard is the dimension of "perceptions". By "perceptions" the authors refer to the "cognitive effects" of perceiving an issue as an internal, external or transboundary problem and the implications that those cognitive effects may have in how governments respond to transboundary issues[59]. Indeed, according to social psychology, "cognitive dissonance" and anxiety ensue[60] when previously defined and separate categories such as "the known/controllable versus the unknown/uncontrollable"[61] become blurred. Consequently, when security issues that were

[57] BBC. (2020, 13 March). "Coronavirus: Europe now epicentre of the pandemic, says WHO" [online], https://www.bbc.com/news/world-europe-51876784 (accessed: 28/12/2020)
[58] Schnirring, L. (2020, 12th March). "ECDC: COVID-19 not containable, set to overwhelm hospitals" [online], *Centre for Infectious Disease Research and Policy*, https://www.cidrap.umn.edu/news-perspective/2020/03/ecdc-covid-19-not-containable-set-overwhelm-hospitals (accessed: 01/01/2021)
[59] Eriksson, Rhinard, op cit., p. 253
[60] Johnson, R. H. (1997). "Improbable Dangers: U.S. Conceptions of Threat in the Cold War and After", Basingstoke: Macmillan. cited in Eriksson, Rhinard, op cit., p. 253
[61] Eriksson, Rhinard, op cit., p. 253

once categorized as being an external security problem – and therefore treated as a problem of national security in the sense that they were perceived as threatening and requiring specific policies in order to mitigate them[62] – also become an issue of internal security as it is the case for transboundary issues, governments frequently try to "ignore or downplay the transboundary nature of issues"[63]. Thus, attention must be paid to how governments frame the problem, as its denial and minimisation can initially serve to give an image of control to the public[64]. However, the framing of the problem may shift when its transboundary character becomes evident and the nexus between internal and external security is undeniable[65].

In the context of COVID-19, this is outstandingly clear. At the height of the outbreak in China and at the same time that Chinese authorities were closing off Wuhan's 11 million residents to the rest of China and the world, the EU still saw COVID-19 as an external problem with no possible repercussions in the EU[66]. This perception is confirmed by the EU Commissioner for Crisis Management, Janez Lenarčič, in an interview for the news outlet Politico during which the Commissioner affirmed that "nobody expected the dimensions of this outbreak would be such here in Europe" for the reason that "previous outbreaks were localized or they died out before they spread all over the world"[67]. The same idea was also conveyed by the ECDC director Andrea Ammon who, on 22nd January, mentioned that the

[62] Buzan, B. (1991). *Peoples, States and Fear. An Agenda for International Security Studies in the Post-Cold War Era*, 2nd edn, Harlow: Longman, pp. 16-17; cited in Eriksson, Rhinard, op cit., p. 253
[63] Eriksson, Rhinard, op cit., p.253
[64] ibid.
[65] ibid.
[66] Herszenhorn, D., Wheaton, S. (2020, 7th April). "How Europe failed the coronavirus test" [online], *Politico*, https://www.politico.eu/article/coronavirus-europe-failed-the-test/ (accessed: 28/12/2020)
[67] ibid.

chances of SARS-CoV-2 spreading to the EU was "low" and three weeks later, in February, affirmed that the EU had "adequate lab capacity" and an effective management strategy to delay the spread of the virus[68]. Additionally, the European Commissioner for Health and Food Safety, Stella Kyriakides, also underlined in an interview to Politico, the "lack of interest" and the "almost empty press conference room" following the activation by the Commission of the Internal Crisis Response Mechanism in late January[69]. Towards the end of February, with 275 infections in the EU, the president of the European Commission, Ursula von der Leyen emphasised that the risk to the EU was "low to moderate"[70].

Hence, in the beginning of the SARS-CoV-2 outbreak in China, the effects of the virus were to some extent minimised by the EU who didn't see the danger of it spreading to Europe. Indeed, although cases of COVID-19 kept growing in the EU, it continued to perceive the issue as an external security problem by for instance "providing assistance to third countries, sending protective equipment in response to the appeal by the Chinese authorities, coordinating member countries' preparatory activities, and planning contingency measures for European industry"[71]. In fact, according to the European Commissioner for Economy, Paolo Gentiloni, one of the main concerns of the EU was the possible economic repercussions of the slowdown of China's economy[72].

Nevertheless, we observe a turning point in the Commission's rhetoric when Italy activated the Civil Protection Mechanism on 28th February to request Personal Protective Equipment (PPE). In the words of Lenarčič: "all alarm bells started to ring. We then realize

[68] ibid.
[69] ibid.
[70] ibid.
[71] ibid.
[72] ibid.

what nobody told us before that there is a general shortage throughout Europe of personal protective equipment"[73]. It was in this moment that EU officials saw SARS-CoV-2 as a "serious epidemic and health threat"[74].

The shifting of COVID-19 from external security to the internal security agenda can particularly be illustrated by Germany's ban on the exportation of PPE to other countries[75]. Indeed, in a bid to counter the effects of the virus in its own territory, Germany was willing to compromise the precepts of the European Union and the Single Market. In addition to this, the announcement of the temporarily closure of the EU borders on 16th March, following the United States travel ban, as well as France and Belgium's lockdowns[76] are also a case in point of how the EU and its Member States started to perceive COVID-19 as both an external and an internal security problem.

In short, it seems that it was only when Italy started to be heavily impacted by the virus and when there were concerns that hospitals in the Italian Lombardy region may become overwhelmed[77], that Member States realised the severity of COVID-19 and no longer saw it as an external security issue far away from Europe. The fact that some Member States initially turned their backs to aiding other European countries, illustrates the shifting of the problem to internal security. That was the moment when EU countries realised that COVID-19 was indeed a transboundary threat which had crossed borders and slid into their own territories.

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[73] ibid.
[74] ibid.
[75] Nienaber, M., Carrel, P. (2020, 4 March). "Germany bans export of medical protection gear due to coronavirus" [online], *Reuters* https://www.reuters.com/article/health-coronavirus-germany-exports-idUSL8N2AX3D9 (accessed: 28/12/2020)
[76] Herszenhorn, Wheaton, op cit.
[77] Schnirring, op cit.

3.3 Third dimension: "policies"

The third dimension set out by Eriksson and Rhinard enabling us to study the nexus between internal and external security in the case of the COVID-19 pandemic in Europe, is the dimension of "policies" which they define as "plans of action (…) designed to guide decisions and achieve certain outcomes"[78][79][80]. While sometimes there's a lack of coherence between internal and external security policies, in other instances we observe consistency between both internal and external security policies[81]. Of particular importance to the authors is how institutional characteristics (polity) may undermine coherence between policies and how "the internationalization of security policy" frequently enables coherence between internal and external security policies[82].

When it comes to infectious diseases of the likes of COVID-19, and public health in general, the competence to enact public health policies falls on Member States, with the EU only having a shared competence in "common safety concern in public health matters"[83]. We will come back to what this division of competences entails when discussing the "polity" dimension, but for now it is important to keep in mind that EU action in public health only "complements" those of Member States[84]. Because this working paper is focused on the EU, we will only briefly discuss some of the measures implemented by Member States for

[78] Eriksson, Rhinard, op cit., p. 254
[79] Lowi, T. (1972). "Four Systems of Policy, Politics, and Choice", *Public Administration Review,* 32 (July/August), 298–310; cited in Eriksson, Rhinard, op cit.
[80] Parsons, D. W. (1995). *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*, Aldershot: Edward Elgar; cited in Eriksson, Rhinard, op cit.
[81] Eriksson, Rhinard, op cit., p. 255
[82] ibid.
[83] Consolidated version of the Treaty on the Functioning of the European Union, Article 4(2)(k)
[84] Consolidated version of Treaty on the Functioning of the European Union, Article 168

the purpose of identifying any coherence or convergence. In regard to the actions that the EU has taken to address public health concerns in the EU and to mitigate the effects of COVID-19, we identify three trends: *pre-COVID-19 policy proposals*, *short term emergency policies* during the COVID-19 pandemic, and *long-term policy proposals* drafted during the pandemic.

First, before the onset of the COVID-19 pandemic, the EU emphasised the importance of public health and disease management when it established the European Centre for Disease Prevention and Control (ECDC) in 2004. The mission of the ECDC is to find, share information and issue "scientific opinions and scientific and technical assistance including training" about infectious diseases[85]. A few years later, in 2013, the EU acknowledged the transboundary nature of infectious diseases and their danger in Decision No 1082/2013/EU on serious cross border threats to health[86]. The decision establishes a system of epidemiological surveillance headed by the ECDC, an Early Warning and Response System (EWRS) meant to facilitate communication between the Commission and Member States' competent authorities on public health and the monitoring of health hazards[87].

In addition to this, in its 2014-2020 Programme for Union action in the field of health[88], the EU addressed the importance of protecting the health of European citizens. This

[85] Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for disease prevention and control, Article 3
[86] Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC
[87] ibid., Articles 6-9
[88] Regulation (EU) No 282/2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020), para.15 preamble

Programme establishes a budget of 444 394 000€[89] to support Member States' public health policies and diminish disparities in health systems between Member States by "promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats"[90]. In paragraph 15 of the Programme's preamble, it is emphasised that "cross border threats to health (…), which could range from mass contamination caused by chemical incidents to pandemics" requires the implementation of detection mechanisms, as well as "preparedness and response planning robust and reliable risk assessment and a strong risk and crisis management framework" which the Programme hopes to support[91]. Moreover, Article 2 of the Programme underlines that one of the objectives of the plan is to ensure "coherent approaches" and "better preparedness and coordination in health emergencies"[92]. In the report about the implementation of the Programme by 2018, it is revealed that the Commission allocated 7.9 million euros, that is to say 13% of the yearly budget, to strengthen Member States preparedness against transboundary health threats[93]. This includes capacity building and ensuring the implementation of the International Health Regulations[94], the main internal legally binding instrument specifying how countries should prepare for and prevent transboundary health threats[95]. Although in retrospect we can argue that 7.9 million euros

[89] ibid., Article 5
[90] ibid., Article 2
[91] ibid., para.15 preamble
[92] ibid., Article 2
[93] European Commission. (2020, 6th November). "Implementation of the third programme of Union action in the field of health (2018)" [online], p. 9 https://ec.europa.eu/transparency/regdoc/rep/1/2020/EN/COM-2020-691-F1-EN-MAIN-PART-1.PDF (accessed: 02/01/2021),
[94] ibid., p. 3
[95] World Health Organization. (2008). "International Health Regulations (2005)" [online], https://www.who.int/publications/i/item/9789241580410 (accessed: 05/01/2021)

in funding is not enough to ensure enough capacity building to counter a transboundary issue such as COVID-19, we can say that the EU did show a concern with the impact of infectious diseases and framed them as a transboundary issue requiring specific and coherent policy responses from Member States, before the onset of the current pandemic.

Second, at the height of the outbreak, the EU took what we call *short-term emergency measures.* One of the first actions of the EU was to activate the Civil Protection Mechanism at the behest of France on 28th January to finance the rescue of EU citizens stranded in Wuhan[96]. Furthermore, and still within the scope of the Civil Protection Mechanism, the Commission participated, along with Member States, in the funding of PPE to be delivered to China[97] and financed more repatriations of EU citizens stranded abroad, in March, after multiple countries closed their borders[98]. In addition to this, the Commission created and financed 90% of the "rescEU stockpile" composed of PPE and medical equipment such as ventilators, "vaccines and therapeutics", and "laboratory supplies" to be distributed among the Member States that needed it most[99]. Later in April, the Commission made a proposal to the Council to activate the EU's Emergency Support Instrument comprising of 2.7 billion

[96] European Commission. (2020, 28th January). "Coronavirus: EU Civil Protection Mechanism activated for the repatriation of EU citizens" [online], *Press relase* https://ec.europa.eu/commission/presscorner/detail/en/IP_20_142 (accessed: 29/12/2020)
[97] European Commission. (2020, 23rd February). "COVID-19 : EU co-finances the delivery of more protective equipment to China" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_310 (accessed: 29/12/2020)
[98] European Commission. (2020, 27th March). "Coronavirus : Commission boosts budget for repatriation flights and recue stockpile" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_535 (accessed: 29/12/2020)
[99] European Commission. (2020, 19th March). 'COVID-19: "Commission creates first ever rescEU stockpile of medical equipment" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_476 (accessed: 29/12/2020)

euros from the EU budget in order to boost the funding of European healthcare systems[100]. Moreover, the Commission also increased its funding to the EU's research and innovation programme in hopes of speeding the research on treatments and diagnostic of COVID-19[101]. However, perhaps the most far-reaching and predominant measure taken by the EU in the beginning of the outbreak in Europe was to close the borders of the EU to third countries and to non-citizens for thirty days on 17th March[102], and some weeks later in May, proposing to Member States the extension of that measure for another thirty days[103]. As the COVID-19 crisis followed its course and a second wave hit Europe, the Commission announced in October a reinforcement of measures such as the strengthening of information sharing between Member States, "effective and rapid testing" by calling on Member States to hand in their testing strategies, "effective vaccination" by enacting "a common reporting framework and a platform to monitor the effectiveness of national vaccine strategies", the issuing of "a new joint procurement for medical equipment for vaccination" and, finally, the exemption of VAT on imported medical equipment, vaccines and testing kits[104].

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[100] European Commission. (2020, 14th April). "Coronavirus : €2.7 billion from the EU budget to support the EU healthcare sector" [online], *Daily news*, https://ec.europa.eu/commission/presscorner/detail/en/mex_20_657 (accessed: 29/12/2020)
[101] European Commission. (2020, 12th May). "Coronavirus: €117 million granted for treatments and diagnostics through the Innovative Medicines Initiative" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_837 (accessed: 29/12/2020)
[102] United Nations Regional Information Centre for Western Europe. (2020, 17th March). "COVID-19: European Union suspends non-essential travel for non-EU citizens" [online], https://unric.org/en/covid-19-european-union-suspends-non-essential-travel-for-non-eu-citizens/ (accessed: 29/12/2020)
[103] European Commission. (2020, 8th May). "Coronavirus: Commission invites Mmeber States to extend restriction on non-essential travel to the EU until 15 June", *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_823 (accessed: 29/12/2020)
[104] European Commission. (2020, 28th October). "Coronavirus resurgence: Commission steps up action to reinforce preparedness and response measures across the EU" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1986 (accessed: 29/12/2020)

While the EU's actions at the beginning of the pandemic were mostly focused on providing financial and logistical aid, Member States were focused on more direct and concrete measures such as social distancing, lockdown and quarantine measures with Italy being the first country to impose a lockdown and strict nationwide restrictions on the freedom of movement on 9th March, followed by Spain on 14th March, France on 17th March and Germany on 22nd March. Interestingly, Sweden was one of the few Member States that chose not to impose a lockdown[105]. Thus, at the beginning of the pandemic, we observe uncoordinated, uncoherent and even self-serving behaviour on the Member States part, even if the Commission called for unity and coherence of action. Not only did Member states acted unilaterally by closing their borders to other EU countries[106], but they also imposed bans on the exportation of PPE (cf. supra).

Thirdly, besides *short-term emergency measures*, the EU has also put forward *long-term policy proposals* during the crisis. In October, speaking at the World Health Summit, Ursula von der Leyen announced the building of a European Health Union[107]. Indeed, under this new initiative, both the ECDC and the European Medicines Agency (EMA) will see their mandate reinforced, with the former having the ability to issue recommendations to Member States and not just be a centre of information exchange, and the latter having the aptitude to "advise on medicines" and "mitigate shortages"[108]. Moreover, under this new initiative, the

[105] DW. (2020, 14th April). "Coronavirus : What are the lockdown measures across Europe?" [online], https://www.dw.com/en/coronavirus-what-are-the-lockdown-measures-across-europe/a-52905137 (accessed: 29/12/2020)
[106] ibid.
[107] European Commission. (2020). "European Health Union" [online], https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union_en#eu-initiatives (accessed: 29/12/2020)
[108] European Commission. (2020, 13th November). *A European Health Union: Tacking health crises together – The role of EU agencies*, Factsheet, available to download at https://ec.europa.eu/info/strategy/priorities-

Commission also emphasises the importance of ensuring "coordination among European countries" by proposing a declaration of emergency mechanism reserved to the EU itself, as well as inspections of Member States' preparedness plans and medicine supply.[109] Another long-term policy proposal made by the Commission is a new regulation on serious cross-border threats to health which seeks to implement a better and coordinated response of the EU to health crises, thereby repealing Decision No 1082/2013/EU[110].

In sum, while it appears that the EU and Member States saw COVID-19 as an external security problem when they provided China with PPE and financed the rescuing of EU citizens stranded in China, once COVID-19 hit the European continent, the EU started to see it as an internal security problem financing the production of PPE and making it available to EU countries, as well as ordering the closing of orders of the EU. Consequently, when COVID-19 started to be framed as an issue of internal security, the EU showed the same policy coherence as in the first stage of the pandemic, when it perceived the virus as an external threat. Indeed, it responded with the same instruments in both phases, that is to say, it provided funds, aid and equipment both to China and to EU countries, although the quantity of funding and aid given to EU countries was much more substantial. When it comes to policy convergence between the EU and its Member States, we noted that there is a consistency in how actors perceived SARS-CoV-2 as a threat and tried to enact policies in order to counter the effects of the virus. Furthermore, even if there was sometimes a

2019-2024/promoting-our-european-way-life/european-health-union_en#strengthening-our-medical-and-scientific-agencies (accessed: 29/12/2020)

[109] European Commission, "European Health Union"

[110] European Commission. (2020, 11th November). "Regulation of the European Parliament and of the Council on serious cross-border threats to health and repealing Decision No 1082/2013/EU", available at https://ec.europa.eu/info/sites/info/files/proposal-regulation-cross-border-threats-health_en.pdf (accessed: 29/12/2020)

profound incoherence in the policies implemented by Member States, the Commission tried to address these incongruences by establishing long term policy proposals where it endorses the role of "supervisor", assessing Member States testing capacities and vaccination plans. As a result, we observe an "internationalization of security policy"[111] in the area of transboundary health threats in EU countries due to the efforts of the Commission. This internationalization will become more evident in the foreseeable future as the long-term policy proposals that we discussed above start to be implemented.

3.4 Fourth dimension: "politics"

The fourth element that Eriksson and Rhinard call to scholars' attention in any analysis of transboundary issues is the dimension of "politics"[112]. Here the scholars refer to how "party politics, bureaucratic politics and public expectations" may impact the response to transboundary problems due to agenda-setting related problems, long-established interests and rivalry[113].

In the EU response to the COVID-19 pandemic we don't particularly find evidence of bureaucratic politics i.e. the game of "strategic behaviour (…) bargaining, coalition formation, and the dissemination of supposedly secret information" of political figures with the intent of escaping the "constraints placed on them by their positions and jurisdictions"[114]. Given how quickly the European Commission, proposed financial aid to Member States and adopted policies such as the closure of EU borders when the pandemic situation started to

[111] Eriksson, Rhinard, op cit., p. 255
[112] ibid.
[113] ibid., p.256
[114] Hammond, T. H. (1986). "Agenda Control, Organizational Structure, and Bureaucratic Politics", *American Journal of Political Science*, vol. 30, no.2, p.416; cited in Eriksson, Rhinard, op cit., p. 255

deteriorate in March, we can infer that no bureaucratic politics was at play. In addition, we also don't find evidence of party politics delaying the response of the EU to the pandemic and this for two reasons. First, because the Council which is composed of government ministers from each member state[115] and who was in charge of approving the Commission's proposal of an Emergency Support that we referred to in section 3.3 did so without delay, only 12 days later after the Commission's submission of the document to the Council[116]. Second, because the main legislative body of the EU along with the Council, the European Parliament, approved in an extraordinary plenary session on 26th March 2020, the first urgent proposals of the Commission's – the Corona Response Investment Initiative and the extension of the EU Solidarity Fund – with only one vote against in the case of the former, and three votes against in the case of the latter[117].

However, we do find evidence of political questions *delaying* or *distracting* the EU response to the COVID-19 pandemic. In her interview to Politico that we referred to in section 3.2, the European Commissioner for Health and Food Safety, Stella Kyriakides, mentioned that in late January, public opinion was more taken by the farewell of the UK's MEPs than by the press briefings about the spread of COVID-19 in China and around the world[118]. Moreover, in late February, the Commission seemed distracted from the growing

[115] Treaty on the European Union, Article 16
[116] European Commission. (2020, 14th April). "Coronavirus : €2.7 billion from the EU budget to support the EU healthcare sector" [online], *Daily news*, https://ec.europa.eu/commission/presscorner/detail/en/mex_20_657 (accessed: 29/12/2020)
[117] European Parliament. (2020, 26th of March). "COVID-19: Parliament approves crucial EU support measures" [online], *Press releases*, https://www.europarl.europa.eu/news/en/press-room/20200325IPR75811/covid-19-parliament-approves-crucial-eu-support-measures (accessed: 29/12/2020)
[118] Herszenhorn, D., Wheaton, S. (2020, 7th April). "How Europe failed the coronavirus test" [online], *Politico*, https://www.politico.eu/article/coronavirus-europe-failed-the-test/ (accessed: 28/12/2020)

COVID-19 crisis in Italy by Turkey's president Recep Tayyip Erdoğan announcement that it would stop blocking "asylum seekers from trying to cross into the EU" pushing the president of the European Council, Charles Michel, to visit Erdoğan in the beginning of March and von der Leyen and Michel convening a meeting with Erdoğan in Brussels[119].

In sum, "the politics" dimension of Eriksson and Rhinard proposed framework of analysis of transboundary threats doesn't seem to point to agenda-setting challenges, rivalry or divergent political interests in regard to the COVID-19 pandemic that might have delayed the implementation of measures by the EU. Given how contagious and how quickly SARS-CoV-2 spread across Europe, and the dramatic situation in Italy, the EU was quick to react once it realised the severity of the situation. Moreover, given how little experts knew about the virus and the shortage of PPE in Member States, the actions of the Commission were met almost with no political confrontation, and the transboundary nature of COVID-19 was not challenged.

3.5 The fifth dimension: "polity"

The fifth and final dimension put forward by Eriksson and Rhinard to analyse the nexus between internal and external security evidenced by transboundary issues is "polity". According to the authors, the response to transboundary issues is determined by "the institutional structures that shape how governments act"[120]. These structures are often "sticky" and therefore coerce governments to act in a specific way[121]. Consequently, the response to transboundary problems is often dictated by "the institutional division between

[119] ibid.
[120] Eriksson, Rhinard, op cit., p. 256
[121] ibid., p. 257

national and international administrative structures"[122] which is particularly obvious in the situation of the EU as we will see shortly. Although the authors point out that besides this "vertical divide (domestic-international)", there is also a "horizontal divide" at work between "domestic agencies and ministries", we are only going to focus on the vertical divide as we are focusing on the EU reaction to the pandemic.

As previously mentioned, according to Article 4(2)(k) TFEU, the European Union only shares competence with Member States in the area of public health in regard to "common safety concerns in public health matters, for the aspects defined in this Treaty"[123]. This brings us to Article 168 TFEU which states that Union action only "complements" Member States' public health policies and is mainly aimed at "the fight against the major health scourges", research on the causes, transmission and prevention of diseases and the dissemination of "health information and education, as well as monitoring, early warning of an combatting serious cross-border threats to health"[124]. Moreover, paragraph 2 of Article 168 underlines that the EU also "shall also encourage cooperation between Member States", and that the Commission shall ensure coordination among Member States policies.

In other words, the EU's actions in the area of public health are very limited and restricted to an *informative* and *communicative* role. The EU cannot constrain Member States to act in a certain way or enact a specific policy in order to combat transboundary security issues such as COVID-19. What it can do is use its administrative and political power to ensure that there is some coherence and coordination between member states, which was what the Commission tried to do during this pandemic.

[122] ibid.
[123] Treaty on the Functioning of the European Union, Article 4(2)(k)
[124] Treaty on the Functioning of the European Union, Article 168

The weak role and influence of the EU in the area of public health, is what might explain the low level of concern displayed by high officials regarding the rise in cases at the beginning of March, compared with the concern expressed at president's Erdoğan remarks of letting asylum seekers cross the border to the EU[125]. As Herszenhorn and Wheaton point out in their Politico article, while "the Schengen Common Travel Area, and the protection of the EU's external borders via Frontex" is a competence of the EU, public health isn't.

Therefore, even if some criticisms can be addressed to how late the EU addressed the shortage of PPE and to the overwhelmed hospitals in Italy, it is difficult to imagine how the EU, and in particular, the Commission could have responded any different to this crisis, as its actions are limited legally speaking.

4. What role for the EU in the future?

SARS-CoV-2 is undeniably a transboundary issue. If there is a thing that COVID-19 made clear is that even if a security issue may seem far off and irrelevant, it can quickly travel across the world and wreak havoc in every country. The question is: given their threatening and invisible nature, should transboundary security threats such as COVID-19 be handled at the national or supranational level?

As we observed in our analysis, initially, the EU was oblivious to the danger COVID-19 represented. Its interventions to help Member States manage the outbreak might seem to amount to little more than disseminating information and aiding Member States financially. Indeed, this is evident by the ECDC's limited role in exchanging information and scientific

[125] Herszenhorn, Wheaton, op cit.

guidance[126]. Moreover, given its limited competences in public health, any initiative taken by the EU in that area may look like an interference into Member States' competences and sovereignty. Consequently, proponents of a weaker EU or Eurosceptics can argue that it should rightfully be up to Member States to enact public health policies as they are more aware of the specific vulnerabilities of their populations and the logistical capabilities of their hospitals and laboratories.

On the other hand, firm believers in the EU may argue that Member States could never manage a crisis of the proportions of COVID-19 without the supranational support of the EU. The fact that COVID-19 is an invisible and perilous threat with no regard of borders, demands coordination and coherence between countries' responses and such a thing can only be achieved at the supranational level. Furthermore, as was pointed out in our analysis, the EU has the administrative and logistical means to quickly mobilise and enact the procurement of PPE and medical equipment at a large scale, something that would take a lot of time for Member States to do on their own. In addition to this, the EU, with its 27 Member States, is the third largest economy in the world after China and the United States with 16% of the world GDP[127]; this makes for an influential position in the international scene, something that smaller Member States may sometimes lack, thus providing much needed strength in negotiations and in the purchasing of treatments and vaccines for instance.

It is our belief that even though the initially the EU response to the COVID-19 crisis was subdued, with for instance the EU's own agency responsible for monitoring infectious

[126] Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 april 2004 establishing a European Centre for disease prevention and control
[127] Eurostat. (2020, 19th May). "China, US and EU are the largest economies in the world" [online], https://ec.europa.eu/eurostat/documents/2995521/10868691/2-19052020-BP-EN.pdf/bb14f7f9-fc26-8aa1-60d4-7c2b509dda8e (accessed: 03/01/2020)

diseases denying the likelihood of COVID-19 spreading to Europe[128], the EU played an important role in helping Member States to respond to the crisis. Not only by providing financial support, but also by galvanizing Member States and holding them accountable for their lack of solidarity, as well as the lack of coherence and coordination of the policies enacted to deal with an infectious disease which renders borders irrelevant. However, it is also true that it should be up to each Member State to determine which policy is best suited to meet the needs of its population.

Given that COVID-19 is the epitome of a transboundary threat that reveals the nexus between internal and external security and that has brought to the forefront the weakness and shortcomings of European health systems, as well as has put economic and social life on hold, it is expected that we see a stronger EU in the domain of public health, and by extension internal security, once the pandemic eases. Indeed, after transboundary crises such as the mad cow disease, we saw the EU's role in "animal and human health" grow[129]. Moreover, in 2011, there was strong public support for an EU that protects its citizens with regard to "terrorism, health threats, cybercrime, and border security"[130]. Already, *long-term policy proposals* by the Commission regarding transboundary threats to health propose a reinforcement of the EU's role in the area. As we have mentioned in section 4.3 of this paper, the EU has proposed more ambitious initiatives such as a mechanism of declaration of emergency for the EU itself and more ambitious competences for the ECDC and the European Medicine Agency, who would have the power to inspect Member States preparedness plans and capacities to respond to health crises[131]. As a matter of fact, the

[128] Herszenhorn, Wheaton, op cit.
[129] Boin et al., op cit., p.139
[130] ibid.
[131] European Commission, "European Health Union"

Commission has proposed a new Regulation repealing and updating Decision No 1082/2013/EU[132] that established an EU wide epidemiological surveillance and an Early Warning and Response System on cross borders threats to health. If adopted by the Parliament and the Council, this regulation will grant the Commission the ability to devise its own "Union health crisis and pandemic plan" and therefore ensure coherence and coordination in responses to health crises[133]. Furthermore, the regulation will also constrain Member States to report to the Commission every two years, after November 2021, the state of their "preparedness and response planning and implementation at national level" which includes the requirements set out in the Internal Health Regulations, as well as specific governance capacity and resources as established by the indicators put forward in Article 7 of the draft regulation[134]. Additionally, the Regulation enables the ECDC to carry out assessments "aimed at ascertaining the state of implementation of national plans and their coherence with the Union plan"[135]. Moreover, it sets the legal basis for the declaration of a public health emergency at the EU level in Article 23 which will enable the EU to adopt "mechanisms to monitor shortages of, develop, procure, manage and deploy medical countermeasures"[136].

These new legal developments provide another instance of the blurring of the line between internal and external security and the "internationalization of security policy"[137] with

[132] Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC
[133] ibid., Article 5
[134] Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on serious cross-border threats to health and repealing Decision No 1082/2013/EU, Article 7
[135] ibid., Article 8
[136] ibid., Article 25
[137] Eriksson, Rhinard, op cit., p. 255

the result being an increasing convergence of Member States' policies meant to manage transboundary threats to health. Nonetheless, we may expect a few hurdles in the adoption of the Commission's regulation proposal. Indeed, it is no secret that Member States are not particularly ardent supporters of extending the role of the EU beyond its exclusive competences[138]. According to Boin et al., this attitude can be explained by the reluctance of Member States, "to appear 'weak' and in need of assistance", as well as an attempt to safeguard their sovereignty[139].

This is why the Commission invokes the principle of subsidiarity and proportionality as the legal basis for the draft regulation repealing Decision No 1082/2013/EU. Under the principle of subsidiarity, Union action in areas of non-exclusive competences, can only be allowed if Member States are not well placed to achieve the best results, be it because of the scale of the matter or because of its effects[140]. As for the principle of proportionality, "Union actions shall not exceed what is necessary to achieve the objectives of the Treaties"[141]. Given that any proposal under the principle of subsidiary has to follow the procedure laid out in "Protocol No 2 on the application of the principles of subsidiarity and proportionality" implicating that national parliaments have the last say about whether the proposal or "draft legislative act" respects the principle of subsidiarity[142] leading either to the review of the proposal or its outright rejection[143], it will be interesting to see what will happen.

[138] Boin et al., op cit., p. 139
[139] ibid.
[140] Consolidated version of the Treaty on the European Union, Article 5(3)
[141] ibid., Article 5(4)
[142] Consolidated version of the Treaty on the Functioning of the European Union, Protocol No 2 on the application of the principles of subsidiarity and proportionality, Articles 6-7
[143] ibid., Article 7

Will Member States waive off sovereignty concerns in the expectation that granting more discretion to the EU in public health will help to "clean" their image back home where the managing of COVID-19 has been disastrous and has revealed how unprepared Member States were for a crisis of the magnitude of COVID-19? Or will Member States be apprehensive about giving more power to the EU? In addition, how will party politics and institutional arrangements dictate the behaviour of Member States during the discussions about the draft regulation? All these are questions that are worthy of answering and investigating in a future study and in the aftermath of the pandemic following the framework of Eriksson and Rhinard.

5. Conclusion

In conclusion, there is no doubt that SARS-CoV-2 has posed an enormous challenge to the EU due to its nature. It has revealed how in this day and age borders are porous due to amount of trade and travel that go through countries and continents. What seemed far off, suddenly and quickly becomes a reality. It is for this reason that in this paper, we have argued that COVID-19 is a transboundary security threat that reveals the connection between internal and external security.

In our study, we used Eriksson and Rhinard's framework of analysis based on five dimensions that shine light on the connections between internal and external security. Firs, we demonstrated that COVID-19 is indeed a transboundary problem due to its virous, highly transmissible and sometimes asymptomatic nature. The analysis of the "perceptions" dimension allowed us to conclude that initially the EU didn't perceive COVID-19 as a threat to the EU; however, this changed when Italy's health system started to become overwhelmed. Furthermore, we showed that before the onset of the outbreak, the EU had

already adopted legal instruments as well as policies that regulated public health and the detection of health crises, but these instruments didn't suffice to counter the damages inflicted by SARS-CoV-2. Indeed, the EU had to procure and fund more medical medicament and PPE and aid Member States financially in order to mitigate their unpreparedness for pandemics. As a matter of fact, the lack of prevention and aptitude of Member States to deal with the COVID-19 pandemic, pushed the Commission to make new proposals in public health – an area that is not an exclusive competence of the EU– in order to strengthen Member State's response, policy coherence and coordination to health crises. In addition, the examination of the dimension "politics" allowed us to conclude that political dynamics such as party and bureaucratic politics didn't undermine the response of the EU to the pandemic. Nevertheless, we did point out that other political preoccupations such as the refugee situation in Turkey distracted the EU from a prompter response to the crisis. Finally, our analysis of the "polity" dimension showed that the tools in public health available to the EU are very limited which explains its measured plans of action and even its delayed response to the crisis.

The magnitude of the crisis provoked by COVID-19, and by this we don't mean only the health crisis, but also the economic, social and even political crisis it has caused, is sure to write down 2020 and 2021 in history books. The question is: what will history books say about how this pandemic shaped the EU? Will it be the beginning of a stronger Europe where citizens appreciate the capacities of the EU to galvanize action and implement effective policies regulating the response, prevention and preparedness to future health crises and security challenges? Or will the EU keep having a secondary role in security and public health when transboundary issues threaten the very idea of borders? Only time will tell.

6. References

BBC News. (2020a). "Covid-19: Milestones of the global pandemic" [online], https://www.bbc.com/news/world-54337098 (accessed: 05/01/2021)

BBC. (2020, 13 March). "Coronavirus: Europe now epicentre of the pandemic, says WHO" [online], https://www.bbc.com/news/world-europe-51876784 (accessed: 28/12/2020)

Boin, A. (2018). "The Transboundary Crisis: Why we are unprepared and the road ahead", *Journal of Contingencies and Crisis Management*, vol. 27, no.1, pp.94-99 DOI: 10.1111/1468-5973.12241

Boin, A., Rhinard, M. (2008). "Managing Transboundary Crises: What Role for the European Union?" *International Studies Review*, vol. 10, no. 1, 2008, 1–26

Boin, A., Rhinard, M., Ekengren, M. (2014). "Managing Transboundary Crises: The Emergence of European Union Capacity", *Journal of Contingencies and Crisis Management*, vol. 22, no.3, 131-142 DOI: 10.1111/1468-5973.12052

Buzan *et al*. (1998). "*Security: a New Framework for Analysis*", Lynne Rienner Publishers, Inc., Colorado, 238p.

Buzan, B. (1991). *Peoples, States and Fear. An Agenda for International Security Studies in the Post-Cold War Era*, 2nd edn, Harlow: Longman.

Caballero Anthony, M. (2006). "Combatting infectious diseases in East Asia: Securitization and Global Public Goods for health and human security, *Journal of International Affairs*, 59(2), 105-127, retrieved from https://www.jstor.org/stable/24358429

Consolidated version of the Treaty on the Functioning of the European Union, *Official Journal C 326*, available at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12012E%2FTXT

Consolidated version of the Treaty on the Functioning of the European Union, Protocol No 2 on the application of the principles of subsidiarity and proportionality

Consolidated versions of the Treaty on European Union and the Treaty on the Functioning of the European Union

Council. (2004). "The Hague Programme: strengthening freedom, security and justice in the European Union", Brussels: 13 December 2004, Reference No.16054/04

Cui, J., Li, F. & Shi, Z. L. (2019). "Origin and evolution of pathogenic coronaviruses", *Nature Reviews Microbiology,* 17, 181–192

Davies, S.E. "National Security and Pandemics" [online], *United Nations Chronicle*, https://www.un.org/en/chronicle/article/national-security-and-pandemics (accessed: 27/12/2020)

Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC, OJ L 293, 5.11.2013, p. 1–15

Democracy Reporting International. (2020). "Backgrounder: Covid-19 and States of Emergency in Europe" [online], https://democracy-

reporting.org/ua/dri_publications/backgrounder-covid-19-and-states-of-emergency-in-europe/ (accessed: 30/12/2020)

DW. (2020, 14th April). "Coronavirus : What are the lockdown measures across Europe?" [online], https://www.dw.com/en/coronavirus-what-are-the-lockdown-measures-across-europe/a-52905137 (accessed: 29/12/2020)

Elysée. (2020, 16th March). "Adresse aux Français, 16 mars 2020" [online], https://www.elysee.fr/emmanuel-macron/2020/03/16/adresse-aux-francais-covid19 (accessed: 30/12/2020)

Eriksson, J., Rhinard, M. (2009). "The Internal—External Security Nexus: Notes on an Emerging Research Agenda", *Cooperation and Conflict*, vol. 44, no. 3, pp. 243–267. doi: 10.1177/0010836709106215.

European Centre for Disease Prevention and Control. (2020). "Covid-19 situation update for the EU/EEA and the UK, as of week 51 2020 [online], https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea (accessed: 05/01/2021)

European Commission. (2020). "European Health Union" [online], https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union_en#eu-initiatives (accessed: 29/12/2020)

European Commission. (2020). "Speech by President von der Leyen at the European Parliament Plenary on the European coordinated response to the COVID-19 outbreak" [online], https://ec.europa.eu/commission/presscorner/detail/en/speech_20_532 (accessed: 30/12/2020)

European Commission. (2020, 11th November). "Regulation of the European Parliament and of the Council on serious cross-border threats to health and repealing Decision No 1082/2013/EU", available at https://ec.europa.eu/info/sites/info/files/proposal-regulation-cross-border-threats-health_en.pdf (accessed: 29/12/2020)

European Commission. (2020, 12th May). "Coronavirus: €117 million granted for treatments and diagnostics through the Innovative Medicines Initiative" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_837 (accessed: 29/12/2020)

European Commission. (2020, 13th November). *A European Health Union: Tacking health crises together – The role of EU agencies*, Factsheet, available to download at https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-health-union_en#strengthening-our-medical-and-scientific-agencies (accessed: 29/12/2020)

European Commission. (2020, 14th April). "Coronavirus : €2.7 billion from the EU budget to support the EU healthcare sector" [online], *Daily news*, https://ec.europa.eu/commission/presscorner/detail/en/mex_20_657 (accessed: 29/12/2020)

European Commission. (2020, 19th March). 'COVID-19: "Commission creates first ever rescEU stockpile of medical equipment" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_476 (accessed: 29/12/2020)

European Commission. (2020, 23rd February). "COVID-19 : EU co-finances the delivery of more protective equipment to China" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_310 (accessed: 29/12/2020)

European Commission. (2020, 27th March). "Coronavirus : Commission boosts budget for repatriation flights and recue stockpile" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_535 (accessed: 29/12/2020)

European Commission. (2020, 28th January). "Coronavirus: EU Civil Protection Mechanism activated for the repatriation of EU citizens" [online], *Press relase* https://ec.europa.eu/commission/presscorner/detail/en/IP_20_142 (accessed: 29/12/2020)

European Commission. (2020, 28th October). "Coronavirus resurgence: Commission steps up action to reinforce preparedness and response measures across the EU" [online], *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1986 (accessed: 29/12/2020)

European Commission. (2020, 6th November). "Implementation of the third programme of Union action in the field of health (2018)" [online], https://ec.europa.eu/transparency/regdoc/rep/1/2020/EN/COM-2020-691-F1-EN-MAIN-PART-1.PDF (accessed: 02/01/2021)

European Commission. (2020, 8th May). "Coronavirus: Commission invites Mmeber States to extend restriction on non-essential travel to the EU until 15 June", *Press release*, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_823 (accessed: 29/12/2020)

European Commission. "EU Health Programme" [online], (https://ec.europa.eu/health/funding/programme_en (accessed: 30/12/2020)

European Parliament. (2020, 26th of March). "COVID-19: Parliament approves crucial EU support measures" [online], *Press releases*,

https://www.europarl.europa.eu/news/en/press-room/20200325IPR75811/covid-19-parliament-approves-crucial-eu-support-measures (accessed: 29/12/2020)

Eurostat. (2020, 19th May). "China, US and EU are the largest economies in the world" [online], https://ec.europa.eu/eurostat/documents/2995521/10868691/2-19052020-BP-EN.pdf/bb14f7f9-fc26-8aa1-60d4-7c2b509dda8e (accessed: 03/01/2020)

General Anzeiger. (2020, 19th March). "Angela Merkel's speech about the Corona virus in full" [online], translated by Mareike Graepel, https://ga.de/ga-english/news/angela-merkel-s-speech-about-the-corona-virus-in-full_aid-49639811 (accessed: 30/12/2020)

Hammond, T. H. (1986). "Agenda Control, Organizational Structure, and Bureaucratic Politics", *American Journal of Political Science*, vol. 30, no.2, 379–420.

Hanrieder T., Kreuder-Sonnen, C. (2014). "WHO decides on the exception? Securitization and emergency governance in global health", *Security Dialogue*, 45(4), 331-348, DOI: 10.1177/0967010614535833

Herszenhorn, D., Wheaton, S. (2020, 7th April). "How Europe failed the coronavirus test" [online], *Politico*, https://www.politico.eu/article/coronavirus-europe-failed-the-test/ (accessed: 28/12/2020)

Hu, B., Guo, H., Zhou, P. *et al.* (2020). "Characteristics of SARS-CoV-2 and COVID-19", *Nature Reviews Microbiology*, https://doi.org/10.1038/s41579-020-00459-7

Jacques Delors Institut, Bertelsmann Stiftung. (2017). "The four freedoms in the EU: Are they inseparable?", *Europa Briefing,* Berlin, Bertelsmann Stiftung and Jacques Delors

Institut, translated by ETC Europe scrl, available at https://institutdelors.eu/wp-content/uploads/2018/01/171024jdigrundfreiheitenenwebeinzelseitena4.pdf (accessed: 05/01/2021)

Johns Hopkins University of Medicine. (2020). "COVID-19 Dashboard by the Center for Systems Science and Engeneering (CSSE) at the Johns Hopking University (JHU)" [online], https://coronavirus.jhu.edu/map.html (accessed : 05/01/2021)

Johnson, R. H. (1997). "Improbable Dangers: U.S. Conceptions of Threat in the Cold War and After", Basingstoke: Macmillan

Kaunert, C. (2010). *European Internal Security:Towards Supranational governance in the Area of Freedom, Security and Justice?*, Manchester University Press, Manchester

Lowi, T. (1972). "Four Systems of Policy, Politics, and Choice", *Public Administration Review,* 32 (July/August), 298–310.

Nienaber, M., Carrel, P. (2020, 4 March). "Germany bans export of medical protection gear due to coronavirus" [online], *Reuters* https://www.reuters.com/article/health-coronavirus-germany-exports-idUSL8N2AX3D9 (accessed: 28/12/2020)

Nunes, J. (2020). "The COVID-19 pandemic: securitization, neoliberal crisis, and global vulnerabilization ", *Cadernos de Saúde Pública*, *36*(5), e00063120. Epub May 08, 2020, https://doi.org/10.1590/0102-311x00063120

Parsons, D. W. (1995). *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*, Aldershot: Edward Elgar

Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on serious cross-border threats to health and repealing Decision No 1082/2013/EU

Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 april 2004 establishing a European Centre for disease prevention and control, OJ L 142, 30.4.2004, p. 1–11

Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC, OJ L 86, 21.3.2014, p. 1–13, available at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32014R0282 (accessed: 30/12/2020)

Renda, A., Castro, R. (2020). "Towards Stronger EU Governance of Health Threats after the COVID-19 Pandemic". *European Journal of Risk Regulation,* vol.11, no. 2, 273-282. doi:10.1017/err.2020.34

Schnirring, L. (2020, 12th March). "ECDC: COVID-19 not containable, set to overwhelm hospitals" [online], *Centre for Infectious Disease Research and Policy*, https://www.cidrap.umn.edu/news-perspective/2020/03/ecdc-covid-19-not-containable-set-overwhelm-hospitals (accessed: 01/01/2021)

Shadyab, A., Hale, B., Shaffer, R. (2017). "HIV/AIDS securitization: Outcomes and current challenges", *Current HIV research*, 15(2), 78-81, DOI: 10.2174/1570162X15666170516163834.

Taylor, D. B. (2020). "A Timeline of the Coronavirus Pandemic" [online], *The New York Times,* https://www.nytimes.com/article/coronavirus-timeline.html (accessed: 05/01/2021)

United Nations Regional Information Centre for Western Europe. (2020, 17th March). "COVID-19: European Union suspends non-essential travel for non-EU citizens" [online], https://unric.org/en/covid-19-european-union-suspends-non-essential-travel-for-non-eu-citizens/ (accessed: 29/12/2020)

Van Kolfschooten, K., de Ruijter., A. (2020). "COVID-19 and privacy in the European Union: A legal perspective on contact tracing, *Contemporary Security Policy*, 41:3, 478-491, DOI: 10.1080/13523260.2020.1771509

World Health Organization. (2008). "International Health Regulations (2005)" [online], https://www.who.int/publications/i/item/9789241580410 (accessed: 05/01/2021)

World Health Organization. (2020a). "COVID-19 Public Health Emergency of International Concern (PHEIC): Global research and innovation forum" [online], https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum (accessed: 28/12/2020)

World Health Organization. (2020b). "Coronavirus disease 2019 (COVID-19): Situation report – 51" [online], https://www.who.int/docs/default- source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10 (accessed: 28/12/2020)

World Health Organization. "Strategic Partnership for International Health Regulation (2005) and Health Security (SPH)" [online], https://extranet.who.int/sph/jee-dashboard#collapse-202 (accessed: 30/12/2020)