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Post-Covid symptoms in EU cross-border cooperation[1]

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Abstract
The Covid-19 pandemic has changed the conditions of normal life in many aspects. However, it most impacted the life of people around national borders. What is more, while in other regions, after the successful vaccination campaigns, life begins to return normal, the borderlands still display signs of the effect of the pandemic, what we could call post-Covid symptoms. The study points out the symptoms which seem likely to stay with us for a long time and formulates recommendations for treatment.

Keywords
Covid-19, cross-border cooperation, border closure, mobility, multi-level governance

1 Introduction

"[I]n times of crisis, closing borders can only be considered as an ultima ratio*. Since border closure is a symbolic policy, any decision to restrict free movement must be based on factual and scientific grounds and strictly limited in time." (Albers et al. 2021, p. 58)*

The first news related to the emergence of a new infectious disease hit the world press at the end of 2019. With regard to the similar virus of 2003, the new one was called SARS-CoV-2 because it proved to be a coronavirus producing a severe acute respiratory syndrome (SARS) (Pierce et al. 2022, p. 164). The virus, detected in China, reached Europe by the end of January 2020 (ECDC 2020; Spiteri et al. 2020). By that time, the World Health Organization (WHO) had announced that the disease (later to be named Covid-19) was a "public health emergency of international concern" (WHO 2020a), and on 11 March 2020 declared it a pandemic (WHO 2020b). Symptoms were varied but often included fever, cough, headache, fatigue, breathing difficulties, and loss of sense of smell and taste. In numerous cases, the illness resulted in the collapse of the respiratory system, causing sudden death.

[1] First published: Észak-Magyarországi Stratégiai Füzetek (North-Hungarian Strategic Issues) 19 (4), 20–33

As of August 2022, according to the database managed by the Johns Hopkins University, the number of total cases approached 600 million, while the number of fatal cases was close to 6.5 million[2]. It seems that Covid-19 will remain among us – and not only in its most salient form when new and new waves of the disease arise. Medical scientists have a widely shared consensus that Covid-19 provokes long-standing effects on human bodies. In their study in 2021, López-León and co-authors estimated that 80% of the infected persons had long-term symptoms such as headache, fatigue, attention disorder, hair loss, or difficulty breathing (López-León et al. 2021). One year later, Pierce et al. (2022, p. 165, 170) pointed out the fact that regardless of the severity or mildness of the illness, the patient may present symptoms of *post-Covid-19* or *long Covid-19* (the naming and the formal definition are not fixed yet in scientific literature), possibly even with a lifelong prospect. This long-standing character of the SARS virus was not analysed previously. One of the main results of the current pandemic is the acknowledgement of the need for special treatment for those suffering from post-Covid symptoms. Currently, these symptoms make it necessary for the 'patients', here understood as EU inhabitants, to adopt new sorts of measures and new behaviours. The study focuses on two aspects of the long-lasting effects of the pandemic on cross-border regions and the EU territory in general. First, based on the lessons learnt from the pandemic, the authors analyse the challenges to the future Schengen system and open borders. In addition, the factors determining the conditions for more effective cross-border cooperation processes in the future – good examples of on-the-ground solidarity and cooperation included – are investigated. In both cases, the authors concentrate on the salient symptoms of a post-Covid disease as a malfunction of the European project.

Judging from its topic, the study is in line with the flourishing Covid literature of border studies but its emphasis is rather on the long-lasting effects of the pandemic – using a medical parallelism. The study follows the constructivist stream of border studies. Constructivists consider spatial phenomena to be socially constructed and, in this process, political narratives, inherited habits and behaviour patterns play an important role (van Houtum 2000; Paasi 2005). The changes of the general European discourse during the pandemic influenced the spatial behaviour and the border perception of the citizens and (de)constructed the border narratives, which will have long-lasting effects.

2 Border regime and cross-border mobility during the pandemic

Since it entered into force in 1995, the Schengen system, designed to "build an area of freedom, security and justice without internal borders" (EC 2021a, p. 23), has never experienced such an earthquake as during the Covid-19 pandemic. Certainly, temporary and geographically limited restrictions to free movement within the Schengen Area for various reasons (terrorist attacks, migration phenomena, international conferences or gatherings, etc.) were known prior to this health crisis. However, in March 2020, the principle of free movement was unprecedently and profoundly wounded. The most striking phenomenon was the physical and administrative sealing of borders: Member States strongly limited border crossing in order to prevent the spread of the virus, sometimes by placing physical barriers on the roads (Kajta and Opiłowska 2021; Peyrony et al. 2021; Weber 2022). Even borders that had been permanently open since the end of World War II, like the French-Swiss one, were closed (Beylier 2020; Peyrony et al. 2021).

In many cases, cross-border public transport services were suspended. Due to the shortages of border police staff (a consequence of the systematic downsizing of internal border control systems), many border crossings where control could not be ensured were closed even during

[2] See: https://coronavirus.jhu.edu/map.html

the periods when pandemic restrictions were loosened. Consequently, people living on the border had to make long detours to get to the other side. Medeiros et al. (2021, p. 977) called this phenomenon "Covidfencing", meaning "systematic closing of national borders to the circulation of people due to the pandemic".

And what is more, EU Member States applied their Covidfencing measures without coordination (Böhm 2020; Coatleven et al. 2020; Albers et al. 2021; EC 2021a): they followed their own national health and epidemiological protocols, which were considered more effective than launching long-standing negotiations at the European Union level. This means that the re-nationalising tendencies evident since 2015 with the migration crisis had resulted in similar reactions, which arose again (Coatleven et al. 2020).

The European Commission and the European Centre for Disease Prevention and Control (ECDC) made remarkable efforts to keep the achievements of free movement across internal EU borders alive. The Commission activated the Civil Protection Mechanism as early as 28 January 2020 to repatriate EU citizens from Wuhan, while the Council Presidency activated the IPCR (Integrated Political Crisis Response) mechanism on 2 March 2020[3]. From the end of March, the Commission published several guidelines (e.g. on freight traffic[4]; the free movement of cross-border and seasonal workers[5]; emergency assistance in cross-border healthcare[6], etc.) and recommendations (e.g. on the restrictions of free movement[7]; on non-essential travel to the EU[8]; on the establishment of Green Lanes for freight transport[9], etc.).

The Commission also recommended that the Member States apply concrete practical solutions (e.g. opening of testing points at the border crossings, separate crossing lines for cross-border workers, etc.) to facilitate cross-border labour mobility, especially concerning essential or critical jobs like those related to healthcare. Similarly, as early as March 2020, the Commission started developing the Green Lane package (a Green Lane mobile app included) to maintain seamless freight transport within the EU.

Based on the proposals of the Commission, the Council allowed anti-Covid interventions to be included in Cohesion Fund operational programmes and the transfer of money between funds, to ease the application of State Aid rules, and temporarily suspended the Cohesion Policy classification of the regions. These decisions provided the necessary flexibility for using EU funds to protect the achievements of the integration.

Despite the intense efforts at the EU level, the realisation of the principles remained problematic. The ECDC was assigned the task of publishing the current epidemiological situation across the EU, displaying a map of colours (red, yellow, and green) indicating the severity of the pandemic. This provided an updated overview of travel conditions every week. Still, as the national health protocols, the way of processing medical statistics and the testing strategies were diverse, the information base could not be effective (ECA 2022). The same shortages could be observed in the case of the Re-open EU portal, designed to share the most

[3] https://www.consilium.europa.eu/en/press/press-releases/2020/03/02/covid-19-outbreak-the-presidency-steps-up-eu-response-by-triggering-full-activation-mode-of-ipcr/ (last visited on 4 September 2022)

[4] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020XC0316%2803%29 (last visited on 4 September 2022)

[5] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020XC0330(03) (last visited on 4 September 2022)

[6] https://ec.europa.eu/info/sites/default/files/guidelines_on_eu_emergency_assistance_in_cross-bordercooperationin_heathcare_related_to_the_covid-19_crisis.pdf (last visited on 4 September 2022)

[7] https://eur-lex.europa.eu/legal-content/EN/TXT/?toc=OJ%3AL%3A2020%3A337%3ATOC&uri=uriserv%3AOJ.L_.2020.337.01.0003.01.ENG (last visited on 4 September 2022)

[8] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32020H0912&qid=1662326468293 (last visited on 4 September 2022)

[9] https://euroseeds.eu/app/uploads/2020/03/20.0184-Commission-Communication-on-the-implementation-of-Green-Lanes.pdf (last visited on 4 September 2022)

updated information on national measures related to the pandemic. As the Report of the European Court of Auditors (ECA) highlights, one year after launching the system yet nine Member States had not provided the required information (ECA 2022, p. 33). Finally, the Commission has initiated the set-up of the Corona Information Group (CIG) by which the Member States and the EU institutions could, in principle, inform each other about their most recent steps taken. At the same time, the ECA Report pointed to national decisions taken regularly without even informing the direct neighbours, not to mention the CIG (ECA 2022, p. 35).

Interestingly, the national governments that unevenly applied the Commission recommendations were forced to ease their stricter border regimes by local and regional agents. As Coatleven et al. (2020, p. 17) writes: "After decades of almost complete disappearance of all national borders, the brutal division of everyday space appeared arbitrary and ruthless to many citizens. Individuals and organisations had to comply not only with one but two, sometimes three different sets of rules at the same time, which were subject to abrupt changes of course." This frustration generated energetic movements urging the re-opening of borders.

During the first wave in the spring of 2020, many derogations needed to be introduced, from the free movement of truck drivers and cross-border medical staff to student mobility and the reunification of families. The reasons were multi-faceted. Luxembourg preferred to keep the internal Schengen borders open partly due to the fact that 70% of the doctors and nurses of the country commute from the other side of its borders (mainly from France). Similar problems were faced by health and social services (including ambulance services) in East Germany, Bavaria and Austria, where Polish, Czech, Slovak, Hungarian and Slovenian commuters ensured the sustainability of the services (Medeiros et al. 2021). Due to the fast spread of the virus, in some regions, the beds in clinics were very quickly filled up, and this made it necessary to transport new patients to a neighbouring country. For example, this was the case in Alsace, where 200 patients were transferred to neighbouring German, Swiss and Luxembourg hospitals during the first wave (Albers et al. 2021; Peyrony et al. 2021).

As the pandemic continued, representatives of the economic sector also expressed their demands for the free movement of workers. As a consequence (and in harmony with the Commission's recommendations), more and more Member States signed bilateral contracts on re-adapting the so-called 'small border traffic' rules by which those workers residing in a small "eligible area" (25 to 30 km from the border) and having a job on the other side (within a similar distance) were allowed to cross the border between their home and their workplace without interrupting their travel. Exemptions for *essential travels* were granted to doctors visiting for medical purposes, students travelling for academic obligations, artists invited by cultural institutions, athletes and related professional staff participating in sports events, business travellers, expatriates, seasonal and posted workers, patients travelling for treatment, etc. Slovenian and Croatian winemakers were allowed to cross the border to cultivate their vineyards in Hungary. Romanian citizens were permitted to return home during the parliamentary elections held in December 2020. Foreign yacht owners had the opportunity to repair their yachts in Croatia. But Dutch entrepreneurs living in Germany were not entitled to receive either German (the business was in the Netherlands) or Dutch aid (the country of residence was Germany). Polish and Czech workers in various sectors in Germany also felt neglected (Bohac 2021; Novotný and Böhm 2022). Likewise, on the Portuguese-Spanish border, the collaborative work of existing Euroregions, EGTCs and Eurocities (Medeiros 2021) was crucial to re-open the cross-border passages to cross-border workers. In the Elvas-Badajoz cross-border area, however, the degree of institutional cooperation was relatively low in the first months of Covidfencing. The main reason for this is the lack of competences in Portugal at local/regional level to make formal legal agreements with the regional administrative level in Spain. In fact, on a formal level, only the national administrative level in Portugal can sign

legal agreements with the Spanish regions, due to the absence of a legally and administrative elected regional level in continental Portugal. Hence, during the initial pandemic wave, the cross-border cooperation process was somewhat halted, falling to its minimum ever level in several decades. Indeed, the implemented policies did not have much to do directly with the need to solve cross-border cooperation related processes. So, policy measures implemented here did not impact stakeholder cooperation, at least directly. On a positive note, the Elvas-Badajoz Eurocity decided to speed up the delivery of the Eurocity Card, which allowed discounts (5 to 10%) for Elvas and Badajoz' dwellers using public services (swimming pools, museums, etc.).

Both the above-described exemptions and the assumption that strict border management systems could not prevent the spread of the virus clearly show that the mandatory isolation coupled with every pandemic should not have been made at state borders, because border closing could neither control the spread of the virus nor impede the overburdening of the national health care capacities. A group of researchers under COBAP (Covid Border Accountability Project) published a scientific report in *Nature* where they admit that "more research must be done to evaluate the by-product effects of closures versus lockdowns as well as the efficacy of other preventative measures introduced at international borders", but they "found no evidence in favour of international border closures, whereas (they) found a strong association between national-level lockdowns and a reduced spread of SARS-CoV-2 cases" (Shiraef et al. 2022, p. 1). Furthermore, the level of EU integration today makes it inevitable to keep the gates open for free movement, even in times of crisis.

3 Post-Covid symptoms of border restrictions and border closures

It is not incidental that the impacts of the crisis of the Schengen system during the pandemic produced the most remarkable effects in border areas. Without neglecting the severity of the pandemic and the elevating examples of solidarity between nation states, if we want to draw a balance on "Covidfencing" measures, "the available data support the overwhelming perception that the impacts are mostly and largely negative" (Medeiros et al. 2021, p. 978), and "the negative impacts of the crisis are disproportionately more severe in border regions than in non-border regions" (Peyrony et al. 2020, p. 147).

The documents published by the Commission addressing the challenges to the implementation of the Schengen Agreement underline the eminence of this achievement within the European project (EC 2021a) when quoting Article 3(2) of the TEU, Article 20(1) of the TFEU, the Directive 2004/38/EC and the Article 45 of the Charter of Fundamental Rights of the European Union guaranteeing the free movement and residence of the EU citizens within the EU (EC 2021c). The details of this freedom (one of the four fundamental freedoms of the EU) are stipulated in the Schengen Agreement, its implementing conventions and the Schengen Borders Code (SBC). Countries joining the system must adopt and respect these legal documents.

The Schengen system is "a symbol of Europe's interconnectedness and of the ties between the peoples of Europe", forming "part of Europe's DNA" (EC 2021a, p. 1) – even though its geographic scope differs from that of the EU. Its significance can also be presented through convincing figures: this is the largest free travel area in the world, allowing more than 420 million people to travel without restrictions (EC 2021a, p. 1), and it improves the living conditions of 150 million people (one-third of the total EU population) living in border areas; on average, 3.5 million EU citizens cross borders daily, from among whom nearly 2 million commute to work (Medeiros et al. 2021, p. 963; EC 2021a, p. 2). By facilitating 24 million business trips every year and ensuring the free transport of goods and services, the system effectively contributes to the Single Market's development and the European economy's

growth (EC 2021a, p. 1). The financial losses of a non-Schengen model are estimated to be between 5 and 18 billion euro per year (EC 2021a, p. 3).
As a result of border closures, cross-border mobility has been drastically reduced everywhere in the EU.

"The very essence of the Schengen project is the absence of controls at internal borders allowing all persons legally staying in the Union to fully benefit from the possibility to travel without being subject to internal border controls" (EC 2021c, p. 4). According to Articles 27 and 29 of the free movement Directive and Articles 25, 27 and 28 of the Schengen Borders Code, this right of the EU citizens cannot be restricted unless public policy or public security is endangered. In these cases, border controls along the internal borders can temporarily be re-established for six months and prolonged to a maximum of two years if there is no better alternative. This fact has to be justified by the Member State in a notification to be sent to the Commission. The measures taken must respect the rules of proportionality, non-discrimination and human rights. Within four weeks after lifting the controls, the Member State has to deliver an ex-post report to the Commission, the Parliament and the Council.
Despite the above strict rules, the abuse of the Schengen Borders Code is hardly punishable. In the event the Commission does not consider the justification of the measures satisfactory, its only tool is launching an infringement procedure which always lasts for years without immediate effect, while the Member State can modify the measures in a short time (ECA 2022).
The erosion of the Schengen system did not start with the pandemic, but in 2015 with mass migration phenomena (more than 1.2 million refugees arrived in the EU in one year) and terrorist attacks in France, generating the re-introduction of temporary internal border controls in Denmark, Germany, Austria, Sweden, France and Norway (also members of the Schengen zone) with the approval of the Commission. The measures were prolonged in 2016. At the end of the two-year period, the national governments modified the justification so that they managed to keep their borders permanently controlled (EC 2021a, p. 18). In 2017, the Commission issued recommendations on the release of strict measures, but it could not prevent border control operations in these six countries. They have not even submitted their mandatory reports on their measures to the Commission. What is more, even the Commission has not called the governments in question to remedy their default (ECA 2022; EC 2021a).
The Covid-19 pandemic made this exceptional legal abuse a rule. As the report of the European Court of Auditors states, the 150 notifications of the Member States on the re-introduction of internal border controls could not "provide sufficient evidence […] to demonstrate that the border controls were indeed a last resort" (ECA 2022, p. 20).
The situation was further aggravated when in 2021 the Belarussian government pushed a large group of migrants across the Polish border ("instrumentalisation of migrants", (EC 2021a)), which made it necessary to amend the Schengen Borders Code. The Commission made its proposal on the amendment in 2021 (EC 2021c) in compliance with the Schengen Strategy published in June 2021 (EC 2021a), together with the proposal on the revision of the Council Regulation on the Schengen Evaluation and Monitoring Mechanism (EC 2021b). The three documents are designed to enhance the resilience of the Schengen system against future crises (EC 2021a, p. 17).
Indeed, when tightening the conditions of control and return of migrants (including the set-up of a standing European Border and Coast Guard corps and an integrated information system), supporting the EU neighbouring countries' border guarding capacities, and carrying out stricter surveillance on people within the Schengen zone, the new proposals have a clear intention to solidify the external borders of the EU in order to guarantee the openness of the internal ones. In addition, before re-introducing border control mechanisms, the Member States must conduct an in-depth analysis on the likely impacts and the appropriateness of the planned measures,

including the guarantee for opening green lanes for freight transport. If the controls are kept for more than six months, a risk assessment is to be carried out, and the Commission has to issue an opinion if the measures are kept in force for more than 18 months. In order to facilitate putting theory into practice, the Commission also published a handbook addressing the border officers. To keep the process under control, the Commission will publish a yearly report on the state of the Schengen system to be discussed at the annual Schengen Forums (EC 2021c; EC 2021a). The new system, called European Integrated Border Management, pays special attention to the "cross-border regions" which are to be defined geographically by the Member States when stipulating that the measures have to respect the recommendations issued by the Commission during the Covid-19 crisis. Besides, the Council would have the opportunity to introduce uniform measures in the case of emergency (EC 2021c).

At the same time, the Commission's intervention tools remained saliently weak: it can issue its opinion, launch consultations and request profound assessments, but it cannot prevent the re-establishment and prolongation of national border controls. Even worse: according to the new Code, the Member States will be authorised to prolong the controlling measures beyond two years if deemed necessary (EC 2021c).

Apparently, the phenomena experienced at the internal borders during the pandemic will remain with us. As the Commission is somewhat powerless toward the Member States' capacity to introduce long-term controls, the limitation of free movement seems to have become a long - Covid symptom. In its report, the European Court of Auditors urged the possibility of launching enforcement actions in the event of non-compliance with the Schengen legislation (ECA 2022, p. 39), but this has not been built into the new proposal.

Another post-Covid effect is the re-establishment of physical infrastructures at border crossings. After the establishment of the Schengen regime, most border crossing facilities were eliminated or devoted to other purposes. During the pandemic, many buildings were re-used as checkpoints, and they will seemingly remain there, which has a psychological effect: it makes the border visible again. Before the most recent closures, two entire generations have grown up in the EU without direct experience of the existence of internal borders. For them, this is a brand-new phenomenon which may modify their worldview. In the eastern countries of the EU, the Covidfencing measures brought back memories of the age of the Iron Curtain (Böhm 2020), resulting in an increased threat of the return of the age of separation and frequent cases of depression (CESCI 2021).

The planned amendment of the Schengen Borders Code and other European legal acts addressing migration, human trafficking, terrorism and the pandemic leads the generalisation of strict and individualised surveillance (Dodds et al. 2020; Delmas-Goeury 2020). These will have adverse effects on free movement and the feeling of freedom.

Due to the long-lasting measures and the difficulties posed by the health checks, many cross-border commuters decided to return to their domestic labour market. For the time being, exact numbers are not known yet. However, at least in some sectors, cross-border remote labour might have partially counteracted this.

Long-Covid symptoms are also present in the economy. On the one hand, the just-in-time logistics systems proved too vulnerable when freight transport was hindered or slowed down. This means that, in the future, large assembly plants will need larger warehouse capacities (Chung et al. 2020), which will impact cross-border supply chains. According to a recent survey, 35% of the interviewed UK-based companies plan to contract with British suppliers instead of foreign suppliers. What is more, some 31% intend to relocate the entirety of their production to the UK (Ashcroft 2022). Similarly, short supply chains have become popular for the food sector. Since the retail of local products is ruled at the national level, the increase in the importance of these chains and the emergence of national self-sufficiency concepts (Johnson 2020) will adversely affect border areas and cross-border economic integration.

Border areas always have had a special characteristic in shopping tourism: thanks to the price differences, border citizens can optimise their family budget by purchasing goods also from the other side of the border. As statistics show, during the pandemic the quantity and the volume of one-day shopping tourism drastically dropped. For example, in Hungary the annual income from foreigners' one-day shopping reached 213 billion forints in 2019. In 2020, the same figure remained below 117 billion while in the first three quarters of 2021 it amounted to 71 billion only. In parallel with this, the good transfer via online retailing systems has remarkably increased; in the case of Hungary from 729 billion forints (2019) to 916 billion (2020) (Trademagazin 2021). These figures also represent a structural change – even if the budget optimising practices of border citizens will always favour cross-border mobility.

The most severe post-Covid consequence of Covidfencing is the erosion of mutual trust between the Member States and their neighbouring nations. This could mean a further rise of nationalism and might even demolish the fundamental concept of the European project.

4 Post-Covid symptoms of mistrust and weakened cooperation

Cross-border mobility and cooperation can be considered as the litmus test of the functioning of the European Union, as both the achievements and the shortcomings of the European integration have direct and salient impacts upon border areas. This is why cross-border cooperation and structures have a prominent role in the integration process, an unprecedented characteristic of the European project (Popescu 2012).

Since the 1990s, the openness of the internal borders guaranteed by the Schengen Agreement has been fuelling the development of the Single Market, the socio-economic integration of the EU, the stepping up of internal cohesion and innovation in the field of cross-border governance. The gradual opening of borders and the border areas approaching each other mirror the mission of the European project as much as they become the places of trust building and peaceful co-existence (Wassenberg et al. 2015) as well as socio-economic integration (O'Dowd 2003; Faludi 2009). By decreasing the separating effects of national state borders and the level of division, cross-border cooperation and the structures managing it have contributed remarkably to de-territorialisation tendencies within the EU (Medeiros et al. 2021). This means that the territorial jurisdiction power of the modern nation states has gradually been weakening while new, cross-border geographies have emerged, fuelling cohesion and integration. However, the Schengen Strategy says: "a well-functioning Schengen area depends on mutual trust among Member States" (EC 2021a, p. 20). During the pandemic, this mutual trust was profoundly injured, generating further post-Covid symptoms for CBC.

According to Coatleven et al. (2020), border closure, as a physical reality and as a spatial phenomenon, reinforced suspicion and mistrust. The border closure and the lack of coordination strengthened *re-bordering* and *re-othering* tendencies. The pandemic also has re-thematised *outside-inside, them and us* – this time using the distinction between the healthy and the sick (Buko 2020; Fellner 2020; Wille 2020), where the neighbour is identified as a threat (Alden 2020; Opiłowska 2021). The closing of borders generated a domino effect: only a few governments were courageous enough to risk not joining the process, thus jeopardising their positive electoral image. Unfried (2020) emphasises this aspect when he stresses that the measures introduced were not always based on rational considerations but were rather nationalist substitutes to cover up inertia.

As a consequence, phenomena of distrust and nationalism, which had been attributed to the past, re-occurred again, resulting in strange events. French people commuting to Germany were repeatedly insulted (Coatleven et al. 2020; Albers et al. 2021), as were the Dutch in Belgium (Peyrony et al. 2021); during school holidays in Bavaria, Czechs treated their always welcomed Bavarian visitors with hostility (Coatleven et al. 2020); Swedes were seen with reluctance in all Nordic countries. The rise of nationalist resentment harmed bilateral cooperation and also

weakened confidence in the European project as a whole (Coatleven et al. 2020). Besides, the pro-cooperation narrative ruling the European discourse in the 1990s and 2000s has been marginalised to a remarkable degree. The Commission proposed to allocate a percentage of the Recovery Fund to the purposes of the European Territorial Cooperation (ETC) programmes, but the Council rejected the proposal. The ECBM (European Cross-Border mechanism), a tool enabling border areas to apply the national rules of their neighbouring country for better provision of services, was proposed by the Luxembourg presidency in 2015 and included in the Cohesion Policy regulatory package for the period of 2021-2027, failed at the Council. The total amount dedicated to ETC programmes decreased – for the first time since the launch of the Interreg initiative in 1990. With the re-institutionalisation of borders, even the topic of cross-border cooperation became suspicious and neglected. All those border closings were probably for nothing, according to the already mentioned study published in *Nature* (Shiraef et al. 2022), and their effects will probably last for a long time.

Considering the developments of CBC during the pandemic, one can conclude that online solutions have partly taken over the role of interpersonal meetings. Physical separation forced the project partners to apply a set of IT solutions for managing their joint projects, which seems likely to remain with us in the future. On the one hand, IT tools simplify and green project implementation. On the other hand, the decreasing role of personal contacts will definitely weaken the intensity of cooperation, which has always been a key for international and intercultural learning and trust building.

Treating these long Covid symptoms will be a time- and resource-consuming process. As Delmas and Goeury (2020, p. 19) warn: "what was suspended in a few days will take many years to restore" and, let us add: if it can be done at all …

5 Remedies for post-Covid symptoms

Apart from the pandemic's negative impacts on CBC, many positive developments can be mentioned and these examples may show how to handle post-Covid phenomena.

Klatt (2020) considers the focus given to the borders during the pandemic as a positive externality. A number of previously hidden processes became visible, and decision-makers at state level had to consider the specific characteristics of border regions. The report from the Commission (EC 2021d) also mentions that paradoxically, these restrictions spotlighted the importance of the cross-border movement of workers. Albers et al. (2021: 49) call this process 'border mainstreaming'. Despite the above-mentioned marginalisation of cross-border cooperation, the transboundary flows became an issue and bordering processes have been thematised.

Even more, the epidemiological nature of the crisis put an emphasis on medical cooperation, which envisages further integration of health services across the borders (Dodds et al. 2020; EURACTIVE 2021) as a result of the solidarity actions (i.e. cross-border share of masks, sanitisers, ventilators, medical staff and patients). As a direct consequence of the Covid-19 crisis, Albers et al. (2021, p. 56) recommend that health care institutions located in border areas share information on their available bed capacities among themselves so that it becomes easier to coordinate the admission of injured and sick people in times of crisis. Presumably, the pandemic has also taught the national authorities about the advantages of sharing capacities.

A very relevant and positive effect in terms of multi-level governance was the active involvement of cross-border structures in crisis management at local and regional level. Of course, in an emergency situation when centralisation of resources and information is inevitable, it is not self-evident that local actors can play an active role. However, numerous good examples can be mentioned where the role of these stakeholders was undisputedly remarkable, as has been illustrated by Peyrony et al. (2020) with various examples.

Cross-border structures participated in information provision activities. The Meuse-Rhine Euroregion (BE/DE/NL) kept the population informed of the changing regulations by means of the *Grenzinfopunkt* (border information point). Similar tasks were performed by the information offices in the Franco-German-Swiss border area. The PAMINA Eurodistrict EGTC (DE/FR) produced a bilingual daily-updated information letter, and the Gate to Europe EGTC (HU/RO) shared information in Hungarian and Romanian languages on its Facebook site.

In addition, based on good interpersonal relations, the leaders of Euroregions, EGTCs and other cross-border institutions managed to set up joint structures facilitating decision-making. This was the case for the presidents of the three regions involved in the Tyrol-South Tyrol-Trentino EGTC (AT/IT), who met online on a weekly basis. The Meuse-Rhine Euroregion set up a crisis team to allocate patients according to the available bed capacity in the region (CESCI 2021). The health emergencies in the area of the Greater Region (BE/DE/FR/LU) were supported by a contact group including regional and health authorities. The Nouvelle-Aquitaine Euskadi Navarra (NAEN) Euroregion (ES/FR) was invited by the Committee of Social and Economic Reconstruction of the Spanish Parliament to deliver a report on the situation along the border. For this purpose, the Euroregion conducted a survey of 2,500 respondents (Medeiros et al. 2021). This way, the NAEN Euroregion could participate in the work of the national level decision-makers and represent the interest of border citizens directly.

Local and regional actors were also active at EU level when, during the summer of 2020, based on the initiative taken by the French *Mission Opérationnelle Transfrontalière* (MOT), the European Cross-Border Citizens' Alliance was established with the participation of the Association of European Border Regions (AEBR), the Central European Service for Cross-Border Initiatives (CESCI) and the Committee of the Regions (CoR). The Alliance published a Manifesto that nearly 200 organisations and persons joined from all over Europe. Furthermore, the four partners conducted a survey which served as the basis for the Resolution on the future of CBC adopted by the CoR on 1 July 2021 (*Vision for Europe: The future of cross-border cooperation)*. The Resolution (CoR 2021, point 4) urged keeping the internal borders open, thus "ensuring the free movement of people, the delivery of cross-border public services and guarantee the full and smooth functioning of the single market and the Schengen area"; consulting local and regional authorities before introducing measures affecting the border regime (point 5); drafting joint emergency plans designed for each border section separately (point 8); and systematically gathering data on cross-border areas (point 12) with a view to better preparing these regions for future crises. As Medeiros et al. (2021) stipulate, systematic observation of border areas would also facilitate anticipating the potential impacts of border closures.

Furthermore, appropriate information may enable decision-makers to adopt tailor-made solutions, as the Commission's Report of 14 July 2021 (*EU Border Regions: living laboratories for European integration*) highlights (EC 2021d). This report draws together the conclusions of numerous studies and analyses (e.g. Coatleven et al. 2020; Albers et al. 2021; Giacometti and Meijers 2021) when encouraging national authorities to provide governance capacities for local and regional actors. The involvement of the EGTCs and Euroregions in decision-making is a minimum requirement, but it would be optimal if these organisations could coordinate crisis management activities in the border region concerned.

6 Conclusion

The article intends to present the long-standing Covidfencing effects experienced in cross-border mobility and cooperation as a consequence of changes in border regimes caused by the Covid-19 pandemic. Crucially, as happens in healthcare, the symptoms of closing borders indicate structural phenomena. The treatment needs time, resources, and institutional commitment to increase European territorial integration. The measures implemented by the

national governments as a response to the pandemic have a transformative power: they resulted in a collapse of a regime built on mutual trust and gradual spiritualisation of state borders. Nation states are back, which might have serious impacts on the European discourse. Europe, which has produced the most remarkable attempt in history to overcome past injuries and to create stable frames for peaceful coexistence, today witnesses re-sealed borders and a lapse in trust.

Paradoxically, the pandemic has also shown a potential way out from the current post-Covid situation by spotlighting the best examples of solidarity, cross-border health integration and active involvement of the cross-border regional actors in shaping their future. The paramount question here is whether future crises with potentially similar or worse effects will be dealt with through less controversial policy actions at all territorial levels.

It is also essential to verify whether potential pro-active policy measures can foster EU cross-border cooperation processes into a new level of cooperation to reduce Covidfencing effects. These might include the materialisation of cross-border planning strategies and the implementation of new cross-border cooperation entities, such as Eurocities, to function as guardians of the Schengen project.

But the question remains of how to convince national authorities of the importance of the broad application of Schengen, looking at the presented examples demonstrating the advantages of keeping borders open, even in pandemic times, for the benefit of the economy and society – under the shadow of a war and climate change. Collecting evidence from a variety of border areas is possible. However, there are still some borders to explore with low reply rates to surveys, where further research should be promoted.

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