Pandemic bordering in the European Union: the politics of border closure in the Covid-19 crisis

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EUSA Conference, Pittsburgh, May 2023

Abstract

In response to the Covid-19 pandemic, EU member states imposed unilateral restrictions on the cross-border movement of persons and goods, throwing the EU's signature freedom-of-movement regime into crisis. This paper elaborates and tests three approaches to 'pandemic bordering' based on pandemic problem pressure, domestic politicization, and international cooperation. Specifically, we ask whether the EU was able to escape the 'politics trap' of earlier crises thanks to the exogenous and symmetrical nature of the threat and effective EU-level policy coordination. Empirically, we analyze the Covid-related border policies of France, Germany, Italy, the Netherlands, and Poland from the end of 2019 to the summer of 2022. We find that entry restrictions for persons were influenced, indeed, by the course of the pandemic and EU recommendations. By contrast, domestic politicization did not have a systematic effect.

Introduction

Originating in the Wuhan province of China in the autumn of 2019, the Covid-19 disease started to spread in Europe in January 2020. By March, when the World Health Organization (WHO) declared the Covid-19 disease a pandemic, the virus had reached every European country. Just when the withdrawal of the UK on 31 January 2020 had put an end to the Brexit crisis, the Covid pandemic appeared to add another episode to the series of EU integration crises.

In early March 2020, EU member states began restricting the export of personal protective equipment (PPE). In the middle of the month, they resorted to severe restrictions on the entry of persons at their national borders (Genschel and Jachtenfuchs 2021: 354-355). Whereas many countries around the world took similar measures, they hit the EU particularly hard. The free movement of goods and persons in the EU's internal market and Schengen area constituted a major achievement and core principle of European integration. Moreover, the restrictions on free movement generally resulted from unilateral national decisions rather than EU-level coordination. Faced with a huge and unknown threat to public health, the member states and societies resorted to national 'communities of fate' to the detriment of the EU's nascent collective identity and solidarity (Vila Maior and Camisao 2021: 86). In addition, divergent national rules emerged, creating legal uncertainty and possibly arbitrage, and disrupting established cross-border transactions and networks. In other words, the EU faced a massive internal and external rebordering in its initial response to the Covid-19 pandemic (Genschel and Jachtenfuchs 2021; Schimmelfennig 2021).

At the same time, the EU struggled to agree on a joint financial response to cushion the economic shock of the pandemic. Whereas the European Central Bank (ECB) facilitated lending for commercial

[1] We acknowledge funding by the European Research Council for the research that went into this paper (EUROBORD, Grant no. 101018300).

banks and extended its bond-purchasing program, ECB president Christine Lagarde put the responsibility for a fiscal response on the member governments (European Central Bank 2020). However, the beginning intergovernmental debate about 'Coronabonds' appeared to replicate the North-South cleavage and conflict of fiscally strong and weak member states that had first emerged on the issue of 'Eurobonds' during the Eurozone crisis (Genschel and Jachtenfuchs 2021: 361-362). The EU seemed to be sliding back into the 'constraining dissensus' (Hooghe and Marks 2009) or 'politics trap' (Zeitlin et al. 2019) that had undermined effective EU crisis management in earlier integration crises. In *Pandemonium,* Luuk van Middelaar (2021: 2) describes how strikingly quickly the Covid-19 pandemic generated 'doubts about the survival of the European Union itself'.

In this paper, we analyze the pandemic bordering of the EU in response to the Covid-19 disease. We examine the closures and re-openings of national borders in the course of the crisis across a variety of member states. Specifically, we study to what extent border policies were shaped, indeed, by domestic politicization – or whether the politics trap was overcome by issue-specific policymaking and EU-level coordination.

The existing political science literature on the EU management of the Covid-19 crisis is overwhelmingly concerned with the EU's fiscal and health policy response (Brooks et al. 2022; Dimitrakopoulos and Lalis 2022; Genschel and Jachtenfuchs 2021; Krotz and Schramm 2022; Quaglia and Verdun 2022; Schramm and Wessels 2022). Indeed, after a brief initial period of national self-help, the crisis produced a series of integrative responses and innovative policies in the fiscal and health domains. Whereas the ECB's Pandemic Emergency Purchase Programme, which quickly followed its initially reluctant engagement, and the new credit line opened by the European Stability Mechanism (ESM) built on instruments developed in the Eurozone crisis, the SURE program (Support Mitigating Unemployment Risks in Emergency) innovated by authorizing the Commission to temporarily raise EUR 100 billion and provide loans to member states in support of active labor market measures. The major new development, however, was the Next Generation EU recovery fund, consisting in EUR 750 billion of common debt, redistributed to the member states according to economic need and as a mix of grants and loans. Additionally, in the domain of health policy, the Covid-19 crisis has seen the expansion of the competencies of the powers of the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control as well as the establishment of HERA, the European Health Emergency Preparedness and Response Authority. Finally, the EU engaged in the joint procurement of vaccines and medical equipment.

The relatively swift agreement on EU financial support for member states in distress and the introduction of common debt and redistributive grants invite comparisons to the tedious negotiations and minimal solutions in the Eurozone crisis. Among the most important reasons given for the difference in the crisis response are the symmetry and the exogeneity of the crisis. In contrast to the Eurozone crisis, all EU member states were affected by the health threats of the Covid-19 pandemic and none of them could be blamed for its outbreak. In this situation, the letter of nine heads of state and government to the President of the European Council on 25 March 2020, calling for a 'common debt instrument' on the grounds of 'a symmetric external shock, for which no country bears responsibility, but whose negative consequences are endured by all'[2] was difficult to dismiss. The contrast to the migration crisis of 2015/2016, in which the member states were differentially affected and could not agree on a burden-sharing arrangement, is striking, too.

According to Ferrara and Kriesi (2022), the symmetrical problem pressure of the Covid-19 crisis spared the EU the domestic politicization that had made joint EU crisis management so difficult in the

[2] https://www.governo.it/sites/new.governo.it/files/letter_michel_20200325_eng.pdf.

Eurozone and migration crises. The truly exogenous nature of the pandemic further prevented a return of the morally laden blame game of the Eurozone crisis (Matthijs and McNamara 2015). In addition, the response to the pandemic has likely benefited from inter-crisis policy learning (Ladi and Tsarouhas 2020; Radaelli 2022). First, the EU could draw on available instruments that were first developed during the Eurozone crisis, such as the ESM, the ECB purchasing programs, and flexibility on debt and state aid rules. Second, its crisis management benefited from the temporal proximity of the crises. Many of the actors were the same, institutional memory was fresh, and the Eurozone crisis learning that the preservation of integrated policies in the face of economic shocks required joint responses by common institutions was vivid. Under these conditions, the EU was able to return to a coordinated crisis response, adapt its policies and develop new tools much faster than in the Eurozone crisis. Instead of a 'constraining dissensus', Covid-19 crisis management could build on an 'enabling consensus' (Ferrara and Kriesi 2022).

Do these explanations and findings also hold for EU border policies in the Covid-19 crisis? In comparison with the literature on the fiscal response, work on the bordering dimension of EU Covid-19 crisis management is scarcer and more fragmented. That said, Wolff et al. (2020) find that supranational actors refrained from politicizing the reintroduction of border controls in the spring of 2020 because it was considered legitimate in light of past practices and in the face of a public health threat. Rather, EU institutions turned to steering rebordering from the internal borders of the EU to its external borders (Genschel and Jachtenfuchs 2021: 356-357). At the same time, and in contrast to fiscal and health policy, border control competences remained firmly with the member states. Becker and Gehring (2022: 13) argue that they shied away from the high sovereignty costs of centralizing border control and assumed that the deterioration would only be temporary. Still, member states' justifications for the re-introduction of internal border controls suggest that rebordering took place in a cooperative context, in which member states remained committed to the European integration of border policies (Petterson Fürst 2023).

However, this literature typically operates at the EU level. It is not interested in explaining the variation in the border policies of member states with the help of country-level factors. By contrast, those studies that examine national variation in the policy response to the pandemic do not specifically focus on border policies. They either study internal measures such as lockdowns exclusively (Toshkov et al. 2022) or merge border policy with other measures into an index (Engler et al. 2021).

In our paper, we explore the effects of problem pressure, domestic politicization, and EU coordination on the border policies of selected EU member states. In light of the general literature on the EU response to the Covid-19 pandemic, we suggest that member state border policies responded to common problem pressures and were thus both similar and in line with the development of the pandemic. We further expect that domestic politicization was low and that ideological differences on European integration did not play a major role. Finally, we consider member state policies to fall in line with EU recommendations and regulations. Taken together, these three factors are assumed to have helped the EU escape the politics trap of earlier crises.

Empirically, we analyze the border closure measures of five EU and Schengen member states between December 2019 and July 2022. They represent some of the largest member states but also a variety of geographic locations and political orientations: France, Germany, Italy, the Netherlands, and Poland. Our border policy dataset is based on manually coded legal documents and official websites and measures the level of their border closures vis-à-vis many countries and for numerous categories of people and goods. In a series of descriptive analyses and a panel regression analysis, we find that member state border closures are systematically associated with the course of the pandemic (measured as infection and death rates) and with the EU's guidelines and recommendations. By

contrast, we do not find a robust relationship with domestic government ideologies, salience, and polarization. We conclude that the EU has been able, indeed, to avoid being trapped in domestic politicization – even in the sensitive domain of border policy.

Hypotheses

We distinguish three sets of explanations for the border policies of the EU's member states in response to the Covid-19 pandemic: a problem-based explanation attributing border policies to the pressures of the pandemic situation, a domestic-politics explanation attributing border policies to the politicization of the pandemic and attitudes towards borders, and an international institutional explanation attributing border policies to EU-level coordination.

Our baseline expectation is that border closures respond to *pandemic problem pressure*. In this perspective, states tailor their border policies to the course of the pandemic. Generally, the level of border closures increases with the pandemic threat, which can be measured as the number or rate of infections and fatalities in the country. The higher the number of cases is, and the more rapidly the disease spreads, the more likely governments are to resort to restrictive border policies (in addition to internal restrictive measures such as lockdowns) in the attempt to 'flatten the curve'. Note that we are not making any claims as to how effective border closures are in mitigating the pandemic (Grépin et al. 2020).

We furthermore assume that border restrictions are not only a function of the situation in the home country but also respond to the pandemic situation on the other side of the border. Governments are likely to vary restrictions by the country of origin of travelers. The more the country of origin poses a health threat, the higher the entry restrictions. At the aggregate level, depending on the relevant reference group, a country's border closure will increase with the pandemic threat at the global, regional, or neighborhood scale.

H1) The worse the pandemic situation is inside and outside the country, the higher is its level of border closure.

The *domestic politics* explanation suggests that border closure is driven by and varies with the domestic politicization of the Covid-19 pandemic. First, we start from the assumption of a link between general political attitudes and preferences for the opening and closure of borders (e.g., De Wilde et al. 2019). Toshkov et al. (2022) find that right-wing governments, especially those on the right of the GAL-TAN dimension, responded faster with lockdowns and school closings. Similarly, Lindholt et al. (2021) observe that right-wing and anti-internationalist survey respondents support rigid border policies during the pandemic. We hypothesize that both the economic left and the cultural right are more strongly in favor of closure than the economic right and the cultural left. The liberal economic positions of the economic right include free trade, whereas the economic left favors protectionist measures. And whereas the cultural left is associated with pro-migration and anti-militarization attitudes, the cultural right is associated with anti-immigration and pro-security stances. In addition, populism has been shown to be positively correlated with preferences for border closure (Simmons and Kenwick 2022). Because of the executive dominance in authorizing measures in the pandemic and in border policy, we measure these factors by the party-political composition of governments.

Second, we suggest that border closure is driven by the domestic politicization of borders. Politicization is commonly defined by three dimensions: salience, polarization, and actor expansion (De Wilde 2011). The more salient the pandemic is in a country as a political issue, the more the government is under political pressure to act, including border closures. Moreover, we hypothesize that a prevalence of pro-

closure positions in the political debate, or a high polarization of pro-closure and pro-openness positions, generate political pressure in favor of border closure.

H2.1) The more the national government is on the cultural right and/or the economic left, the higher is the country's level of border closure.
H2.2) The more populist a country's government is, the higher is its level of border closure.
H2.3) The more salient the Covid-19 pandemic is in a country, the higher is its level of border closure.
H2.4) The more the political discourse in a country is oriented towards the closure of boundaries, the higher is its level of border closure.
H2.5) The more polarizing the Covid-19 pandemic and border policies are in a country, the higher is its level of border closure.

Finally, the *international institutional* explanation starts from joint membership in the EU, its internal market, and its Schengen free-travel area. In principle, member states should follow the same border policies. First, however, not all categories of cross-border movements are subject to uniform EU regulation. For instance, entry requirements vary across countries of origins and groups of persons. Second, the member states retain legal discretion in situations of threats to public order and security as well as the authority and capacity to execute common border policies on the ground. According to Article 6 of the Schengen Borders Code, third country nationals entering at the external border can be refused entry if they are 'considered to be a threat to public policy, internal security, public health or the international relations of any of the Member States.' According to Article 25, internal border controls can be re-introduced if 'there is a serious threat to public policy or internal security in a Member State'. Whereas 'public health' is mentioned explicitly in Art. 6 but not in Art. 25, it can be covered under 'public policy'. Moreover, EU actors are in no position to enforce the opening of internal or external borders independently and with their own personnel and equipment. In a public health emergency such as the Covid-19 pandemic, the coordination of member state border policies must therefore be based on consensual decisions of the member states or on (legally non-binding) recommendations by EU-level actors. In the institutional perspective, we nevertheless expect that member states adjust their border policies to EU-level decisions and recommendations once they are made.

H3) The level of border closure follows EU-level decisions and recommendations.

The literature on the Covid-19 crisis explains the high level of solidarity and cooperation eventually achieved in the EU's crisis management by the exogeneity and symmetry of the pandemic threat as well as policy learning from earlier crises. Considering this explanation, we expect the effect of the problem pressure on border policies (H1) mainly to vary over time rather than between member states. We further expect salience (H2.3) to follow problem pressure (and thus also vary over time) and polarization to remain low and without a systematic effect on border closures (H2.4). Government ideologies (H2.1 and H2.2) are expected to have a minor effect on the level of border closures. Finally, the effect of EU-level coordination (H3) will also vary over time (in lockstep with EU recommendations) but not across member states. It will be interesting to see whether EU recommendations, like domestic salience, change together with the pandemic threat – or have an independent effect on member state border policies.

Border policies in the Covid-19 crisis: the dataset

We selected five countries that are both EU and Schengen area member states: France, Germany, Italy, the Netherlands, and Poland. This selection provides a homogenous baseline for the analysis. Before the pandemic hit, all five countries were subject to the same border closure rules codified in the EU's

free movement and Schengen regimes. Furthermore, the selection comprises some of the largest member states of the Schengen area: Germany, France, and Italy rank first, second and third; Poland ranks fifth; the Netherlands ranks seventh. Together, they make up more than half of the EU's population. In addition, our selection represents important and cross-cutting geographic, economic, and political variations among the member states. Poland is an Eastern net recipient with Eurosceptic government preferences, particularly on migration and border control. The Netherlands can be grouped with the rich Northern member states. After the exit of the UK, the Netherlands has become a leading Eurosceptic voice, particularly on financial issues. Italy represents the South, hard hit by the Eurozone and migration crises and favoring higher fiscal integration and redistribution as well as a reform of the Schengen/Dublin regime. Italy was also the earliest and most heavily affected member state in the Covid-19 pandemic. Italy and the Netherlands furthermore represent the groups of member states with the most and least restrictions on freedoms during the initial phase of the Covid pandemic (Engler et al. 2021: 1088). Finally, Germany and France constitute the traditional 'engines of integration', with Germany leaning more towards 'northern' and France supporting 'southern' positions.

In this analysis, we focus on entry restrictions for persons. The exit of persons was generally not restricted during the pandemic, provided that other countries were willing to let them enter. Moreover, restrictions on the movement of goods did not vary across our country sample, as the EU acted swiftly in response to the pandemic to facilitate imports and (later) restrict export of certain sensitive equipment across the EU. EU policies in trade in goods did not change much over the period of analysis either. The unilateral measures that member states took to facilitate imports of goods necessary to fight the pandemic and measures to restrict the export of personal protective equipment such as face masks and protective clothing were quickly superseded by EU law in March 2020.[3] The strong legal competence of the EU on internal market and trade issues provided for a fast harmonization of member state border policies on goods, whereas in the domain of the movement of persons, it was more of an open question whether member states would follow EU-level recommendations.

The unit of analysis of our dataset is the country-month. We measure Covid-related restrictions at the end of each month from December 2019 to July 2022. No Covid-related restrictions were in place in December 2019. By the end of July 2022, most travel restrictions were discontinued. In Germany, Italy, and Poland, almost all Covid-related entry restrictions had ended, whereas some restrictions remained in place in France and the Netherlands. We thus arrive at a time series of 32 months and 160 data points overall.[4] To code Covid-related restrictions, we use a seven-point ordinal scale (Table 1).

We assign a code of 1 when restrictions are limited to mandatory additional documentation such as entry forms that need to be submitted before travelling or at the border and proof of status for exempted groups (such as transport workers or students). A code of 2 stands for light health requirements such as fever checks at the border or the requirement to provide a negative rapid test. A code of 3 is assigned if entry is conditional on more demanding proofs of health such as a vaccination certificate or a PCR test. If entry is followed by a mandatory quarantine, we code the level of closure

[3] See Commission Decision (EU) 2020/491EN, on relief from import duties and VAT exemption on importation granted for goods needed to combat the effects of the COVID-19 outbreak during 2020 and Commission Implementing Regulation (EU) 2020/402 of 14 March 2020 making the exportation of certain products subject to the production of an export authorization.

[4] The dataset for this paper is aggregated from a larger dyadic dataset that measures the border closure of the five countries vis-à-vis 58 European, neighboring, and selected other countries, 21 categories of persons and three categories of goods. For this paper, we average the border closure for each country-month across all these dyads and categories. See additional information on the dataset in Appendix 1.

as 4. If travelers have a choice, we code the lighter restriction. If, for instance, they either need to provide proof of vaccination or else need to quarantine, we assign a code of 3. A code of 5 means that the group of persons concerned is only allowed to transit the airport or the country to their destination. Finally, complete travel bans for travelers from certain countries or for certain groups of persons are coded 6.

Table 1 Coding of Covid-related boundary closure

Code	Persons (entry)
0	No entry restrictions
1	Documents: entry form, proof of status for exempted groups
2	Light health checks: fever check, rapid test
3	Demanding health checks: proof of vaccination, PCR test
4	Mandatory quarantine
5	Only transit allowed
6	Entry fully prohibited

We manually coded entry restrictions for persons on the basis of official national documents, i.e., the relevant legislation in force and/or official websites (of ministries, border agencies, or public health agencies depending on the country). We always coded the most recently available information at the end of each month, often with help of the 'Wayback Machine'.[5] We used the German case as a pilot case, coded independently by two of the authors. We then compared the codes and resolved discrepancies through discussion. On this basis, the same two authors then went on to code the remaining cases, again consulting each other in cases of doubt.

Problem pressure, domestic politicization, EU coordination, and member state border policy

In this section, we provide a descriptive analysis of the three hypothesized factors of EU member state border restrictions in the Covid-19 pandemic: the pandemic problem pressure, the domestic politicization of the pandemic and border closures, and EU-level coordination efforts.

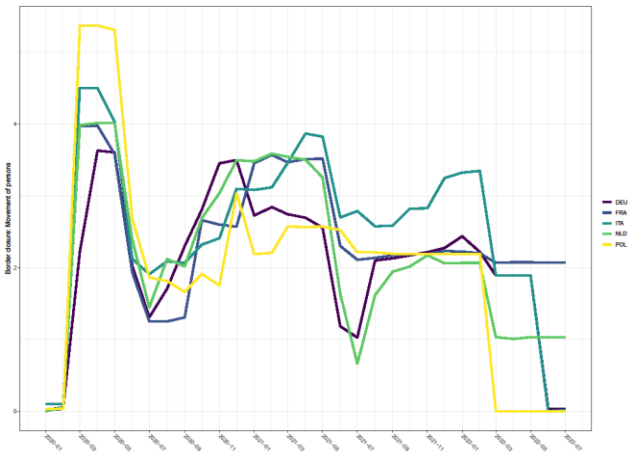
Figure 1 shows the development of border closures for the five EU member states. Generally, the graph suggests a similar trajectory of border policies. Whereas the levels of border closure vary, all countries moved up and down in lockstep, with a maximum range of around two points on our seven-point scale. We do not observe any consistent country variation. For instance, whereas Poland took the most rigid border measures in the spring of 2020, the country remained near the bottom of the group after the summer of 2020. The Netherlands, which remained comparatively open domestically, was not an outlier either.

At first sight, border policies appear to trace the waves of the pandemic (see Figure 2a). Border closures rise sharply in March 2020 and decrease sharply in the summer of 2020. The second wave from the fall of 2020 to the spring of 2021 is again mirrored in the data, but with less sharp upturns and downturns. At the end of the third wave in spring 2022, border restrictions are mitigated or lifted. This association is corroborated by Figure 2, which shows, in panel (b), a positive correlation between the pandemic problem pressure (measured as Covid-related deaths) and entry restrictions for persons. This association is particularly pronounced in the Dutch case. It is less so for Poland where, in the first

[5] https://archive.org/web/.

phase, confirmed deaths were relatively low but border closure was high, whereas deaths exceeded those of the other countries in later phases.

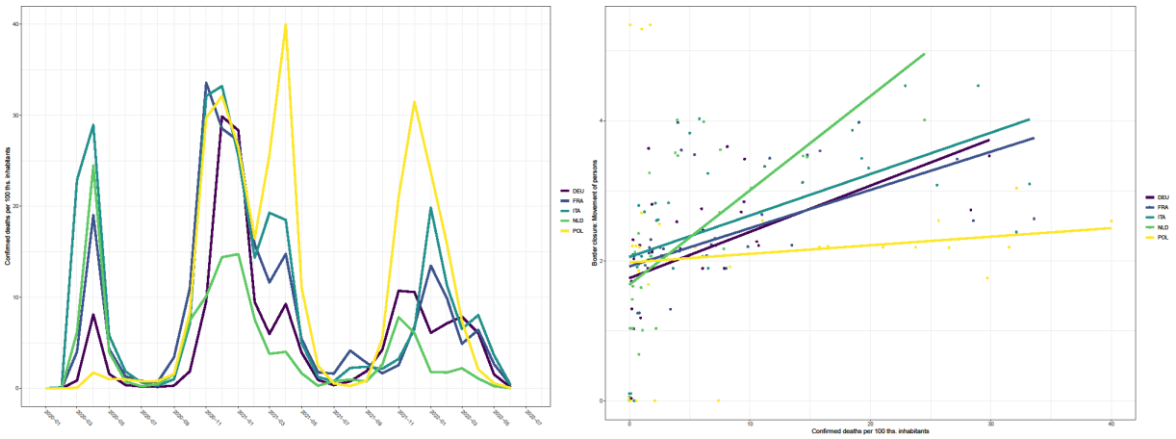
Figure 1 Entry restriction for persons



Note: Monthly average of Covid-related entry restrictions for 58 countries and 21 categories of persons on a scale of 0-6 for five EU member states.

Figure 2 Pandemic problem pressure and border policies

(a) Covid-related deaths over time *(b) Covid-related deaths and border closure*



Note: Monthly confirmed Covid-related deaths (source: Johns Hopkins University) per 100'000 inhabitants (2019 population according to World Bank). For border closure, see Note to Figure 1.

To analyze domestic politicization, we study the domestic political discourse concerning the Covid-19 pandemic and border closures. To this end, we compiled a comprehensive dataset of party press releases from the five countries beginning in July 2022 and extending back as far as data availability allowed. Press releases represent a highly relevant source of information for analyzing party communication and behavior. In contrast to election manifestos, which are published every few years, political parties publish as many press releases in a single day as they see fit, often leading to highly frequent data points that cover inter-election events. Second, compared to expert surveys, they are less expensive to obtain thanks to recent advances in automated web-scraping techniques. Third,

unlike media reports, which may be influenced by journalists' personal preferences or understanding of the party's communication, press releases are direct channels of communication by the party, making them less noisy. Finally, press releases are less dominated by formalities and political considerations that affect the dynamics of parliamentary debates (Proksch and Slapin 2012). Indeed, several scholars have recently utilized party press releases to examine numerous facets of party behavior and strategies, including political attention and position-taking (Hunger and Gessler 2022; Meyer et al 2020; Sagarzazu and Kluver 2017).

We extracted all party press releases from the official websites of all parties represented in the lower legislative chamber. Overall, our dataset combines 115,275 documents published by 32 political parties between 2014 and 2022. Because the documents we collected were in five different languages, we translated all documents to English using Google Translate services. Google translations were previously employed in the literature to translate political text and it proved its validity (De Vries et al 2018).

We focus primarily on two aspects of border discourses in times of Covid-19: the salience of the pandemic and border closure preferences. The measure of salience is straightforward. We look for all documents featuring a set of intuitive Covid-related keywords, such as COVID, Coronavirus, pandemic, virus, contagion, lockdown, quarantine, etc., and their variations using regular expressions.[6] We then measure the share of documents speaking about covid out of all documents published by all political parties in each country grouped by month.

Measuring actors' positions on border closure is less straightforward. Scholars have suggested several techniques to locate actors in a political space. These techniques range from supervised measures such as Wordscores (Laver et al 2003) or supervised classification (Grimmer and Stewart 2013) to completely unsupervised techniques such as Wordfish (Slapin and Proksch 2008) and Wordshoal (Lauderdale and Herzog 2016). Because we seek to locate actors on a rather specific dimension related to border closure/openness, and to avoid the pitfalls related to purely supervised or unsupervised techniques (Grimmer and Stewart 2013), we opt for Latent Semantic Scaling, a semi-supervised scaling method (Watanabe 2021). Latent Semantic Scaling (LSS) is a semi-supervised method that allows the construction of a political dimension of interest by defining the center of the scale and the polarity words that express the two ends. In our case, the center of the scale is composed of two words: borders and travels.[7] In addition, we define the scale to range from openness to closure based on a short list of seed words. LSS includes a word-embeddings layer that retrieves semantically similar words to our main concept of interest to finally construct the scale.[8] The resulting estimates reflect each political party's position on border closures, with negative values indicating a preference for closure and positive values indicating a preference for border openness. To obtain the country-level values of political discourse, we calculate the average salience and position variables across all political parties within a given country in each month.

Figure 3 illustrates that domestic political discourse is correlated with both the pandemic situation and the border policy of the five EU member states. First, we observe a positive correlation between deaths per capita and the salience of Covid-19 in party press releases. Apart from France, countries with higher death rates tend to have a greater political focus on the virus (Figure 3a). In addition, we observe a negative correlation between monthly death rates and party positions on border openness. At the

[6] We use the following set of keywords and regular expressions: virus, contagio*; corona*; covid*; vaccin*; recovery plan; lockdown*; quarantin*; omicron; mutation*; green pass; pandemic

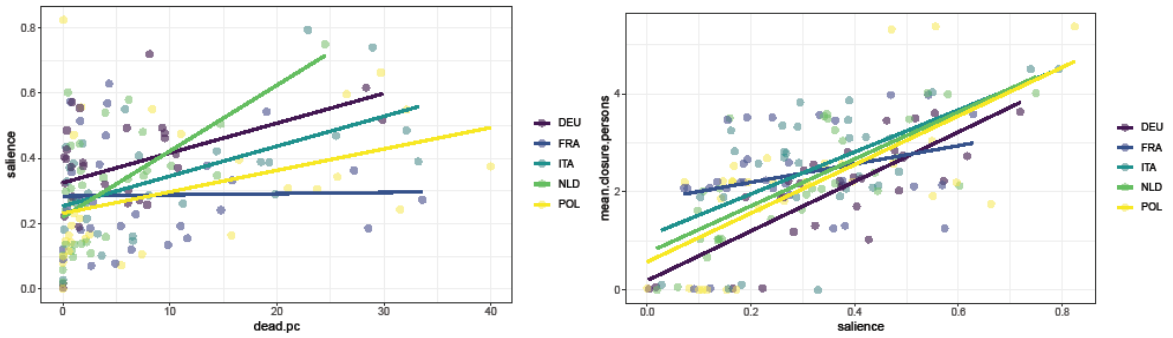
[7] We use the regular expressions: border* and travel*

[8] See Appendix 2 for more detail.

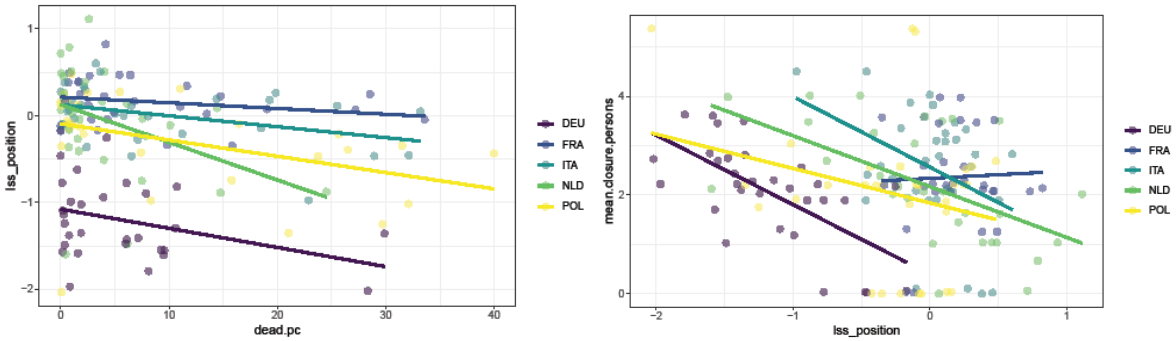
country level, as deaths per capita increase, political parties are more likely to become supportive of border closures (Figure 3c).

Figure 3 Problem pressure, politicization, and border closure

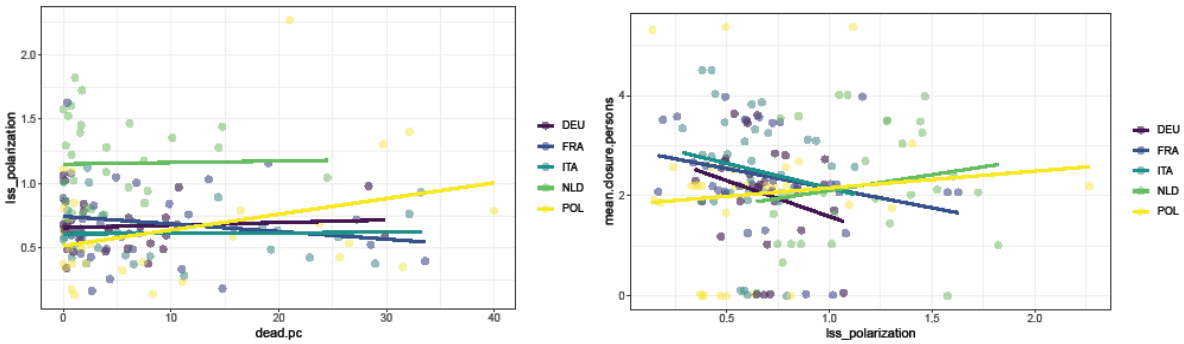
(a) Problem pressure and salience *(b) Salience and border closure*



(c) Problem pressure and party positions *(d) Party positions and border closure*



(e) Problem pressure and polarization *(f) Polarization and border closure*



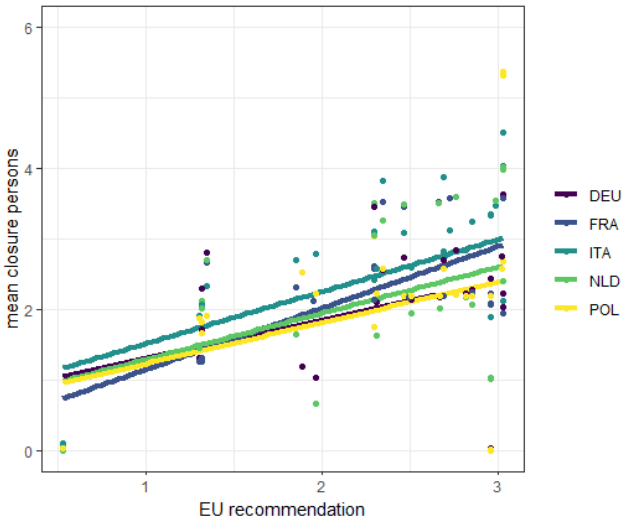
Note: Salience is the share of party press releases discussing covid-related issues in each month. The party positions measure the monthly average positions of parties represented in the lower house on border openness-closure derived from LSS. The more negative the position is, the more parties are in favor of border closure. Polarization is measured as the standard deviation of the LSS positions. For problem pressure, see Note to Figure 2. For border closure, see Note to Figure 1.

We see an even stronger bivariate association between political discourse and border closure. Higher salience and pro-closure positions go together with higher entry restrictions for persons. At the country level, member states with a higher political salience of Covid-19 tend to have higher levels of border closure (Figure 3b), whereas those with political parties that advocate for greater border openness

tend to have lower levels of border closure (Figure 3d). Again, France is the only country that does not fit the picture as well as the others. Overall, the descriptive analysis suggests that Covid-related entry restrictions for persons are driven by domestic salience and party positions. In turn, however, political discourse responds to the pandemic situation. By contrast, we do not observe a correlation between the polarization of party positions and problem pressure, on the one hand, or border policy, on the other, suggesting that domestic polarization, the other main component of politicization besides salience, did not have a systematic effect.

Finally, we inspect the correlation between member state border policies and EU-level coordination. We measure the EU-recommended level of closure for subjects for all interstate dyads on the basis of official EU-level guidelines and recommendations issued by either the Commission or the Council. In the first few months of the pandemic, from March to May 2020, the European Commission published a series of guidelines concerning the cross-boundary movement of people within the Schengen area. Due to a lack of EU competence on temporary border restrictions, the Commission guidelines were non-binding on the member states, which were thus free to disregard them. They concerned essential cross-border services and transport workers (16 and 23 March 2020)[9], critical workers such as those working in the health care and food sectors, and other essential services like childcare, elderly care, and critical staff for utilities (30 March 2020)[10]. As for movements into the EU, the Commission called for a temporary restriction on all non-essential travel (16 March 2020)[11], which it later, in June 2020, recommended to phase out again[12].

Figure 4 EU-recommended and actual level of entry closure for persons



Note: "EU recommendation" is the monthly average of the Covid-related entry restrictions for persons for 58 countries and 21 groups of persons recommended by guidelines and recommendations of the EU Commission and Council on the 0-6 scale.

[9] https://ec.europa.eu/commission/presscorner/detail/%5Beuropa_tokens:europa_interface_language%5D/ip_20_468; https://ec.europa.eu/commission/presscorner/detail/%5Beuropa_tokens:europa_interface_language%5D/ip_20_510

[10] https://ec.europa.eu/commission/presscorner/detail/%5Beuropa_tokens:europa_interface_language%5D/ip_20_545

[11] https://home-affairs.ec.europa.eu/system/files/2020-03/20200330_c-2020-2050-report_en.pdf

[12] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1035

From June 2020 onwards, both internal and external movements became covered by a series of Council recommendations. While these recommendations are equally non-binding and could be adopted by qualified majority among the member states, this shift from the Commission to the Council nonetheless brought with it increased member state engagement with the EU's pandemic border regime. In June 2020, the Council issued recommendations on travel from external countries into the EU[13], including a list of safe third countries for which travel was to be allowed on a reciprocal basis. In October 2020, the Council adopted a recommendation on Schengen-internal travel,[14] the basis of which were weekly risk maps drawn up by the European Centre for Disease Prevention and Control (ECDC). In January 2022 then, the Council issued a recommendation that based travel restrictions no longer on the country of departure of a given entrant but on their individual vaccination status and their possession of an EU Digital Covid certificate.[15]

Figure 4 shows the correlation between the mean EU-recommended level of closure and the mean closure for the dyads in our dataset. The plot shows, first, a clear and positive correlation between EU recommendations and national restrictions across all countries. There is a clear empirical connection between the guidelines and recommendations issued by the Commission and the Council, and the border restrictions imposed by the five member states in our sample. For dyads for which the EU recommended high levels of boundary closure, the boundaries tended to be relatively closed, and vice versa. This finding points into the direction of a relatively functional level of EU-level coordination on border restrictions despite a low level of EU competence in this domain. The plot shows, second, that the member states frequently imposed tighter restrictions than those recommended by the EU. This is a tendency that is pervasive across all five countries in the sample. The inverse scenario, i.e. member states remaining below the level recommended by the EU, is relatively rare. This could signify either a dynamic of lowest common denominator bargaining in the Council or an agreement among the member states on minimum EU-wide standards that the member states apply but are free to exceed if need be. Even so, the congruence between EU recommendations and national restrictions remains pronounced.

Analysis and discussion

In a final step, we conduct a multivariate panel analysis of the border policies of the selected member states. To assess the hypothesis about internal and external pandemic pressure (H1), we measure the monthly number of confirmed Covid-related deaths (per capita) inside each country as well as its relationship to deaths in the EU measured as the average number of deaths in the other member states. A negative value for the relational variable indicates that the domestic Covid-death rate is lower than the EU rate; a positive value means relatively higher domestic pandemic pressure.

To test the effect of government ideology (H2.1-2), we calculated the government's economic and cultural left-right positions as the seat-weighted average for all coalition partners based on the Chapel Hill Expert Survey for 2019 (Jolly et al. 2022) and government populism as the seat-weighted average for all coalition partners based on the Populism and Political Parties Expert Survey (POPPA), fielded in 2018 (Meijers and Zaslove 2021).

[13] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32020H0912
[14] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32020H1475
[15]

To examine the politicization effects (H2.3-5), we rely on the measures for the salience of Covid-19, the party positions on the openness and closure of borders, and their polarization introduced above (see Note to Figure 3). In addition, we add the level of closure recommended by the EU in each month.

Moreover, we add both country and time fixed effects to the analysis. Country fixed effects capture all time-invariant heterogeneity between the five member states that may have an impact on their border policies, such as their geographic positions, political systems, or historical legacies. By contrast, time fixed effects control for the time dependence of our observations. Because the pandemic has had strongly seasonal variation, with cases typically increasing in the autumn and winter and decreasing in the spring and summer, we enter calendar month dummies into the analysis. In addition, we control for years. In the main analysis, we do not introduce time lags. For one, we assume that border policies reacted quickly to changes in pandemic pressures, politicization, and EU recommendations, i.e., within a period of less than one month on average. Moreover, we measure our dependent variable at the end of each month, whereas pandemic deaths, party press releases, and EU recommendations accumulate during the month. Finally, we use country-clustered standard errors.

Table 2 OLS regression results

	Border closure			
	(1)	(2)	(3)	(4)
Infections per 100'000 capita	0.0002*			0.0001
	(0.0001)			(0.0001)
Deaths per 100'000 capita	0.103***			0.047*
	(0.009)			(0.016)
Diff. Average Deaths EU	-0.109**			-0.064**
	(0.018)			(0.011)
Salience		3.755**		0.628
		(0.542)		(0.308)
Position on Closure		0.001		-0.368
		(0.199)		(0.161)
Polarization		-0.068		-0.139
		(0.160)		(0.127)
EU recommendation			1.317***	0.868*
			(0.136)	(0.217)
Calendar month FE	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes
Country FE	Yes	Yes	Yes	Yes
Country Clustered Std. Err.	Yes	Yes	Yes	Yes
Observations	150	149	150	149
R^2	0.581	0.575	0.655	0.749
Adjusted R^2	0.516	0.508	0.608	0.701
Residual Std. Error	0.803 (df = 129)	0.811 (df = 128)	0.722 (df = 131)	0.633 (df = 124)

Note: *p<0.05; **p<0.01; ***p<0.001

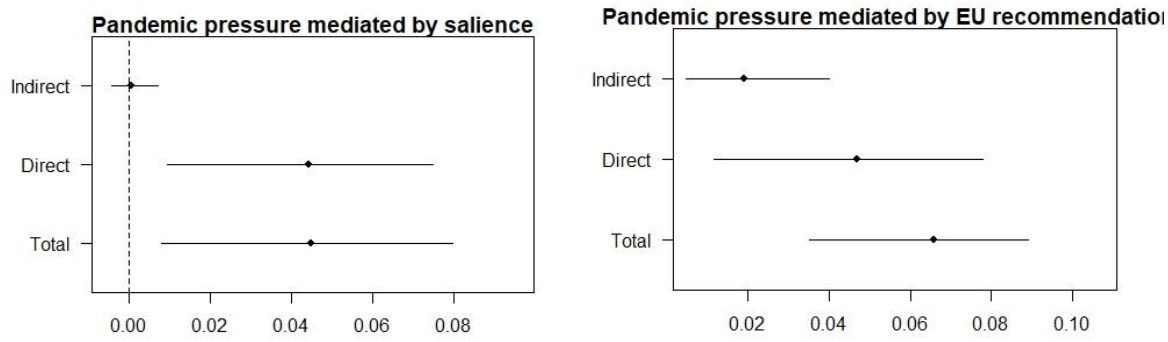
Table 2 presents the regression results. Models (1)-(3) enter the hypothesis-related variables blockwise into the two-way fixed effects models, Model (4) represents the full model. Note, however, that we

leave out the variables related to government ideology. Even without controlling for fixed effects, they failed to reach conventional levels of statistical significance.

Overall, we find clear support for the pandemic pressure and institutional coordination hypotheses, but not for the politicization hypotheses. First, as for the pandemic threat, higher infection and death rates are associated with more severe border restrictions in the pandemic model. The outside situation matters as well. If the pandemic situation inside the country is less severe than across the EU, border restrictions are higher. Infections lose statistical significance at conventional levels in the full model. However, death rates can be considered more accurate because test rates varied strongly across our country selection (UNCTAD 2020: 193), and they are a stronger signal of problem pressure than mere infections. Second, national entry restrictions are systematically associated with EU recommendations. Whereas national restrictions typically exceeded what the EU recommended by around one point on our seven-point scale, the member states follow EU guidelines in tendency.

By contrast, we do not see any robust effects of domestic politicization. In addition to government ideology, the political discourse on borders is not consistently related to the actual border closure. And whereas we find a significant relationship between the domestic salience of the pandemic with border restrictions in the politicization model, this is not the case in the full model. As suggested by Figure 3(a), the reason is likely to be that salience is highly correlated with the pandemic situation. Finally, the high R^2 values for the full model indicate good model fit.

Figure 5 Mediation analysis



Note: OLS regression based on the full model 4 in Table2, including country, calendar month and year fixed effects. We first estimate the effect of pandemic pressure on the mediator (i.e. salience or EU recommendation) and then, in a second step, test how much of this effect translates into border closure (see Imai et al. 2011).

To further probe into the relationship between and effects of our main independent variables, we conduct a mediation analysis. Theoretically, it makes sense to assume that pandemic pressure is causally prior to either domestic salience or EU recommendations. This raises the question of to what extent the effect of the pandemic situation on border closure is direct or indirect, i.e. mediated by how salient the pandemic is domestically (in political discourse) or transmitted through EU recommendations that subsequently inform national border policies. Figure 5 shows the results of the mediation analysis for both salience and EU recommendations as potential mediators. It shows that domestic salience does not mediate the effect of pandemic pressures on border closure and thus corroborates our interpretation of the regression results. By contrast, there is evidence that the effect

of the pandemic pressure on border policies was partly transmitted through EU-level coordination. The largest share of the total effect can be attributed, however, to the direct effect of the Covid-19 deaths.

In sum, the empirical results on member state border closures are in line with the picture of a problem-driven, depoliticized, and internationally coordinated management of the Covid-19 crisis. Whereas EU member state entry restrictions for persons reflected the variation in the pandemic situation and followed EU guidelines, they were not systematically influenced by the domestic party discourse on border closure or domestic polarization.

Conclusions

At the beginning of 2020, the Covid-19 pandemic hit the EU branded by a series of crises. During the euro, migration, and Brexit crises, the salience and contestation of EU policies had reached historic heights. The crises divided northern and southern member states over financial bailouts, western and eastern countries over the reallocation of refugees, and different parts of the UK as well as the UK and the rest of the EU over Brexit. Whereas transnational solidarity suffered in the crisis environment, populist Eurosceptic parties thrived. In this highly polarized situation, the EU proved unable to produce crisis management that was at the same time swift, united, and fair.

Initially, the response to the Covid-19 pandemic appeared to add another episode to this series. Within a few weeks, however, the EU began to develop several common policies with an unprecedented level of fiscal support and solidarity culminating in the NextGenerationEU recovery instrument and in the joint procurement of vaccines and medical equipment. This difference in the policy response to the earlier crises was explained by the exogenous and symmetrical nature of the Covid-19 pandemic and policy learning, which mitigated domestic politicization and intergovernmental divisions (Ferrara and Kriesi 2022; Radaelli 2022).

In this paper, we probe these arguments in the domain of border policy. Not only do we lack a systematic empirical analysis of Covid-related border policies covering multiple countries and longer time periods. Border closures are also a hard case for joint policymaking given the considerable scope for autonomous action that member states retain in this area and the potential for politicization associated with regulating the national border.

Our analysis of the Covid-related entry restrictions in a diverse set of member states supports arguments on why the Covid-19 crisis was different. For one, the closing and opening of national borders followed the ups and downs in the waves of infections and, above all, the fatalities of the Covid-19 pandemic. To the extent that the pandemic affected the member states of the EU at around the same time and in similar ways, their border policies also moved in lockstep – without major discrepancies at any point in time and without systematic cross-country variation over time. In addition, the EU managed to align the border restrictions of the member states – even though the level of national border closures typically remained slightly higher on average than what the EU had recommended. In the absence of strong legal competences of the EU, this was not an effect of supranational enforcement but a result of soft recommendations and horizontal coordination. We show that EU-level coordination had a considerable independent effect on the member states' border closures. Our mediation analysis suggests that the impact of the pandemic on border closures was partly mediated by EU guidelines and recommendations. In contrast with widespread perceptions of uncoordinated national border closures, our findings show that EU coordination was effective after all.

By contrast, politicization did not have a systematic impact on member state border policies. Whereas we do find an association between the domestic salience of the pandemic and the level of entry restrictions, it is best understood as a spurious relationship driven by the development of the pandemic. Moreover, the ideological orientation of national governments, the openness-closure preferences of parliamentary parties, and their polarization did not show a consistent relationship with entry restrictions for persons during the pandemic. Despite the initial unilateralism and the high potential for domestic politicization, border policy during the Covid-19 pandemic was predominantly problem-driven and internationally coordinated. In contrast to the problems that had beset the Euro and migration crises, the EU was able to escape the 'politics trap' in the Covid-19 pandemic thanks to the exogenous and symmetrical nature of the threat and effective EU-level policy coordination.

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Appendix 1

Information on the original dataset of Covid-19 border policy

The dyads are constituted by our five selected member states and all other EU and Schengen member states, the EU's Western Balkans, Eastern and Southern neighborhoods, and a select group of relevant non-neighboring countries: Canada, China, India, Japan, South Korea, and the United States of America. We treat the UK as a neighboring non-member state throughout. This amounts to 58 border dyads for each of the five countries. The "EU-plus" countries (EU member states and nonmember states participating in Schengen) make up exactly half (29) of the dyads.

We further distinguish 21 categories of persons, partly derived from the categorization of persons of the EUROBORD boundary configurations dataset and partly derived from a pilot analysis of the German case. The categories represent all four types of boundaries that the literature traditionally distinguishes (Bartolini 2005; Rokkan 1974): economic, political, cultural, and military boundaries. Table 1A and 1B show the categories by boundaries.

Table A1 Categories of persons

Boundaries	**Persons**
Economic	Workers (general), jobseekers, intra-corporate movers, self-employed, service providers, highly qualified workers, cross-border workers, seasonal workers, transport workers, health workers (10)
Political	National citizens, union citizens, refugees, government officials (4)
Cultural	Artists, students, tourists, family visitors (4)
Military	Military personnel, police (2)

We flag several issues with this categorization. First, there is an obvious imbalance between the number of economic and all other categories. Second, the categories are neither mutually exclusive – e.g., the general workers category comprises many others and cross-border workers may be highly qualified or service providers at the same time – nor exhaustive. For instance, some countries had special rules for athletes or used different categories of students, government officials, and family visitors. However, the categories comprise all the legally relevant categories that we find mentioned in the national legislation across the five countries. We only omit categories from the legislation of individual countries (such as athletes). For some categories, we relied on relevant subgroups. For instance, we took the entry restrictions (or, rather, exemptions from them) for holders of diplomatic passports as representing "government officials" more broadly. For those categories (such as jobseekers or service providers) that were not or rarely explicit mentioned in the relevant documents, we used the measurement for the more abstract category (such as "business travelers") or those rules that applied to all persons entering from abroad.

Appendix 2

Further information on Latent Semantic Scaling

Figure A1 gives a glimpse of the polarity words used to construct our border closure scale. As shown, words like closure, control, restrictions, and strict, among others, have strong negative tonality, whereas freely, enter, facilitate, and allowed have strong positive tonality. Generally, this figure grants face validity to our border closure scale.

Figure A1 Polarity words used by LSS to construct border closure scale