



ESSAY  
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# Northern Ireland: Managing COVID-19 Across Open Borders

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*The early response to the coronavirus pandemic in Northern Ireland revealed three things. First, although part of the United Kingdom, Northern Ireland is integrally connected in very practical ways to the Republic of Ireland. Policies and practices regarding COVID-19 on the southern side of the Irish land border had a direct impact on those being formulated for the North. Secondly, as well as differences in scientific advice and political preferences in the bordering jurisdictions, a coherent policy response was delayed by leaders' failures to communicate in a timely manner with counterparts on the other side of the border. And, thirdly, different policies on either side of an open border can fuel profound uncertainty in a borderland region; but this can give rise to community-level action that fills the gaps in ways that can actually better respond to the complexity of the situation. This essay draws on the author's close observation of events as they happened, including news coverage, press conferences and public statements from the three governments concerned over the period of March-October 2020.*

## The Land and Sea Borders Before COVID-19

Northern Ireland is a small region on the north-eastern part of the island of Ireland that is part of the United Kingdom. It has its own legislative Assembly and an Executive (composed of five parties in a power-sharing arrangement), which uses powers devolved from the



UK Government in Westminster. Although Northern Ireland is part of the UK's National Health Service, it runs its own health policy and budget. The 1998 Good Friday (Belfast) Agreement established formal channels and institutions that allowed for cooperation across the Irish border, including in the area of health policy. Thus, the Northern Ireland Executive can form (through the North/South Ministerial Council on the island of Ireland) a common policy and approach with the Irish Government in such matters as accident and emergency planning or health promotion. What it does not do is manage its own border policy; immigration and trade policy are powers that are reserved for the UK Government in Westminster. For the most part, however (and at least before Brexit), these borders are characterized by their openness. Movements across the land and sea borders of Northern Ireland typically reflect how integrated it is with the rest of the UK and with the rest of Ireland. In trade, business, retail, the arts, sport, employment, kinship ties, and more, Northern Ireland's borders have become points of real connection rather than division. This meant that

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managing the coronavirus pandemic was necessarily a cross-border affair. Unfortunately, it took slightly longer for the political decision-makers to adjust to this reality than those living in the borderland regions.

## What Happened in Response to COVID-19

The first case of COVID-19 in Northern Ireland was diagnosed on 27 February 2020. It came in a person who arrived in Dublin Airport from Italy and then travelled North, across the Irish land border via train. The second case in Northern Ireland was in someone who had been in contact with someone in Great Britain, across the Irish Sea. In the fortnight that followed, the news of cases in Northern Ireland, in the Republic of Ireland and in Great Britain grew from a drip-drip into a steady trickle. The World Health Organization urged governments to act. The (as it turned out, short-lived) common position of the Northern Ireland Executive towards the coronavirus pandemic was announced on 12 March. First Minister Arlene Foster did not hide her irritation at the Irish Prime Minister (Taoiseach) Leo Varadkar's failure to inform her in advance of his announcement earlier that day of strict measures in the Republic of Ireland to tackle COVID-19. 'Acting together, as one nation,' Varadkar had exhorted, 'we can save many lives' (Irish Times 2020). But his failure to communicate with leaders in Northern Ireland suggested that he viewed such actions as being very much confined by the Irish land border. That this made little sense in real terms was soon exposed by those living in border communities (especially those living on one side and in employment or in education on the other). They expressed confusion as to which policies and advice they should follow.

The guidance of the chief medical officer to the Northern Ireland Executive matched that of his counterpart in the UK Government—do nothing drastic for now; it thus differed from that given by the chief medical officer to the Government of Ireland. Northern Ireland's ministers were caught by the fact that the UK and Irish scientific advice was conflicting. Their political responses were shaped by ideological preferences. The Irish nationalist parties in Northern Ireland, Sinn Féin and the SDLP, pointed south and called for a common approach on the island of Ireland. The other three parties in the power-sharing Executive—the Alliance Party, Democratic Unionist Party and Ulster Unionist Party—however, did not want to move against the medical advice that tallied with the view in London. The politicization of the 'border' question was thus reflected in the initial inability of the Northern Ireland Executive to offer clarity and to set a clear direction ahead.

In the context of political uncertainty, and without anyone particularly wishing it to be so, the reaction to the most indiscriminate and transnational threat of our

time increasingly became a matter for community-level decision-making. In practice, those living in border communities, such as in the city of Derry which borders Ireland's north-western most county, opted to follow the lead of their neighbours rather than more distant advice coming from the metropolitan centres. Pressure was particularly acute on all-island organizations. The Gaelic Athletic Association announced the suspension of all its club and county activity, across Ireland and Britain. The Irish Football Association (Northern Ireland) 'having listened to partners throughout the football family' decided to suspend the season (RTÉ, 12 March, 2020). The Church of Ireland Archbishop of Armagh (of the northern province) and Archbishop of Dublin (of the southern province) jointly issued a press release to all parishes which began: 'Follow all public health guidance provided by state authorities' (Church of Ireland 2020). The fact that the guidance could be quite different from one part of a cross-border diocese to another was a problem that was left for the parishes to manage themselves.

As political tensions rose, the leaders, health ministers and chief medical officers of the Irish Government and Northern Ireland Executive agreed to meet to discuss COVID-19 in an emergency session of the North/South Ministerial Council on 14 March 2020. The Irish Government and Executive decided to emphasize that they shared a common goal (to minimize the deaths caused by COVID-19) and differed only in terms of 'timing'. The notion that the differences in the policies between North and South were temporal rather than substantial was clever but offered little comfort, given that 'timing' is everything when it comes to avoiding an epidemiological catastrophe. Deputy Irish Prime Minister (Tánaiste) Simon Coveney admitted that he was 'in truth' 'concerned' about the openness of the Irish border for so long as the Northern Ireland Executive lagged behind the Irish Government in its movement towards lockdown. It was to be a week before the COVID-19 policies and guidance, North and South, became more closely aligned.

If a week is a long time in politics, it felt an agonizing aeon for a society worried about a virus which spread through human contact, with no regard for state boundaries. For this reason, organizations and institutions slowly began making their own decisions. St Patrick's Day parades were cancelled. Church buildings were closed. Belfast International Airport suspended passenger flights whilst Belfast City Airport and Derry City Airport were down to just a few flights a day. The universities announced the suspension of all classes. Small businesses and cafes began shutting up of their own accord. In an extraordinary way, this showed a sense of community in action.

The inching towards a sense of 'public' and the weaving of bonds of common cause among the people of Northern Ireland was only belatedly and

tenuously matched by the building of trust among the politicians responsible for protecting them. The First and deputy First ministers Foster and O'Neill were compelled to deliver policy announcements and press briefings together, but this did not result in a truly common position. In a press conference on 27 March 2020, for example, the Irish and British sign language interpreters appeared side by side, reflecting the fact that both languages are used in Northern Ireland. As the ministers answered questions from journalists, the sign language interpreters had to simultaneously interpret almost-contradictory statements, as the two leaders disagreed over the definition of 'non-essential' businesses and whether they should be closed.

But the tension was higher than party-level and far greater than personality differences. The pressure on the Northern Ireland Executive came from outside, specifically from the fact that the UK and Irish Governments had such different approaches to the pandemic. As is always the case, UK-Irish tensions had the effect of deepening strain on internal Northern Ireland politics. Perhaps recognizing this, the two Governments began to move. At the very end of March, the UK Government's Secretary of State for Northern Ireland, Brandon Lewis, the Tánaiste (deputy prime minister of Ireland), the First and deputy First Ministers of Northern Ireland, and both ministers for health began having conference calls. In issuing a joint statement after their first joint meeting, the ministers promised that:

cooperation for the practical and mutual benefit of the people living in both jurisdictions on the island of Ireland will be taken forward [and they] agreed that all cooperation will be based on the need to be agile, open and consistent and that close and ongoing contact will be maintained North-South and East-West (Department of Foreign Affairs 2020).

This habit of communication began to grow. Although differences persisted in the jurisdictions (there was a less intensive virus-testing regime and a shorter self-isolation period in the North, for example), they were somewhat compensated for by community-level interpretation, which generally erred on the side of caution and helped to keep the R rates (the average number of infections stemming from one carrier) proportionately lower in Northern Ireland and Ireland than in England, Scotland or Wales.

A most substantive practical arrangement for managing the impact of the open border was the Memorandum of Understanding issued for the COVID-19 response, which came on 7 April 2020. It was to enable 'Public Health Cooperation on An All-Ireland Basis' between the Irish Department of Health and the Department of Health in Northern Ireland, and their Agencies. This document stated:

The COVID-19 pandemic does not respect borders, therefore there is a compelling case for strong cooperation including information-sharing and, where appropriate, a common approach to action in both jurisdictions.

The Memorandum sought timely and responsive communications and decisions between the jurisdictions, common and consistent public messaging. Furthermore, it promised that:

Consideration will be given to the potential impact of measures adopted in one jurisdiction on the other recognising that the introduction of such measures may differ.

Participants agreed to regularly update respective administrations, including via a weekly teleconference between the respective Offices of the Chief Medical Officers. Although communication did not extend quite so far as to become active 'coordination' between policy-makers, the cooperative approaches helped reduce public perception of those from the 'other' side of the border as a source of risk. Instead, people became concerned about very local borders—down to the two-metre distance that individuals were advised to maintain between each other.

## Conclusion

In the coronavirus pandemic, Northern Ireland had to manage the connections as well as the risks that came from across its land and sea borders. The fact that Ireland and the UK are in one Common Travel Area set the principle of openness in the connections between their borders and citizens which went a long way towards easing some of the pressure on the Northern Ireland Executive. However, whilst it avoided some of the worst political tensions, it did give rise to some concerns. As the number of cases in the region rested at zero for several days in a row in early July, the Northern Ireland chief medical officer advised that travelers from Great Britain posed the greatest risk for bringing COVID-19 into the region. In the end, the idea of placing restrictions on entry into Northern Ireland from the rest of the UK was untenable. For a region so closely integrated with both Britain and Ireland, policies tackling COVID-19 would always be a mix of the pragmatic and the ideological.

Nowhere was this more evident than in the communities living along the Irish land border. By early fall, cases were on the rise again. They were rising most rapidly this time in Ireland's north west, between Donegal and Derry. As members of the Garda Síochána (police service) took to quizzing drivers crossing the border as to whether their journey was essential, social media was alive with accusations as to which side of the border was the source of the spread. But this was rapidly becoming a problem that could not rely on

local pragmatism and a sense of civic duty to address. The Chief Medical Officer advised that Northern Ireland was on the brink of a second lockdown. How would such a decision be made? All eyes turned to the two ministers leading the Northern Ireland Executive:

First Minister Arlene Foster said any new period of full lockdown in Northern Ireland should only happen as part of a co-ordinated move across the UK. Deputy First Minister Michelle O’Neill said a lockdown, if it were to be required, should be undertaken across the island of Ireland (RTÉ, 2 October, 2020).

These views may reflect political preference but also pragmatism. Between them is some reasonable balance as to how to manage open borders in a region so integrated with two separate states. The effectiveness of any policy in Northern Ireland in tackling a threat of this nature—spread by human contact—remains in large part determined by what happens on the other side of its borders.

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