

THE IMPACT OF CORONAVIRUS IN THE EU AND IN HUNGARY –ESPECIALLY IN REGULATIONS

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ABSTRACT: *In December 2019, the Chinese municipality of Wuhan reported an outbreak of the new coronavirus, which soon spread to other parts of China and the world. SARS-CoV-2, also known as COVID-19, was later identified by the World Health Organization.*

By January 2020, hotspots had appeared in several EU member states, with the first official case being reported in Hungary on March 4. All EU member states have reported COVID-19 cases by March 2020, and the number of cases has continued to rise since then. The World Health Organization (WHO) is in charge of coordinating the global response . COVID-19 was declared a global pandemic by the WHO on March 11, 2020.

During our research, we examine the general effects of COVID-19 in the European Union and Hungary and their responses to the COVID-19 because it has not just social and legal challenges but also necessarily economic implications as well.

KEYWORDS: *COVID-19; EU; Hungary; prevention.*

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1. THE EUROPEAN UNION'S RESPONSE TO THE COVID-19 PANDEMIC

Because the Chinese pandemic quickly spread throughout the European territory, the European Union must act quickly to safeguard itself and offer care to those who have already been affected. In addition to epidemic-related actions, the economy must be shielded from the virus's effects, and speedy regeneration and sustainability, as well as the economy's solvency, must be aided.

The Council, along with other EU institutions, is keeping an eye on the situation and taking steps to address it. This comprises the implementation of necessary EU legislation

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as well as ongoing coordination with member states in order to share information, assess requirements, and ensure a consistent EU response.

Following the COVID-19 epidemic and its consequences, the European Union has taken several measures in a variety of areas (health, economy, research, borders, mobility, etc.), the majority of which are temporary (for example, the period for collecting signatures for European Citizens' Initiatives has been temporarily extended by up to 6 months for each initiative). The purpose of the transitional measures is to help the Member States and EU people alleviate the effects of the coronavirus. Aside from general competency difficulties, another challenge in epidemiological crisis management at the EU level is the EU's lack of autonomous legislative powers in the field of health and social policy. As a result, it had to organize, assist, and support health measures under the jurisdiction of the Member States in such a way that each Member State intended to deal with the epidemic using a distinct health care system, preparedness, economic backstop, and resolution mechanism. Possible interference with competencies in the areas of health, social policy, and the social security system may be delicate. The Member States deal with these concerns within their sovereignty, and this should continue to be the case as long as they can be managed more efficiently at the Member State level, according to the principle of subsidiarity. The need for common competencies has been addressed repeatedly during the examination of the epidemic's health and economic repercussions, as well as the formulation of responses, primarily by the European Parliament. Of course, all of this must be considered holistically, rather than in isolation from specific policy areas. Placing health administration at the EU level would inevitably have ramifications for social programs, social security, pensions, taxation, and employment, to name a few of the most important areas that are currently under Member State control. As a result, joint regulation of health administration and social issues would be a step toward federation, which has been a perennial conflict between the Member States since the dawn of integration. Because Hungary's and Central and Eastern Europe's political will is currently oriented toward the concept of a 'Europe of the Nations' rather than a federal Europe, it's understandable that the Member States have responded differently to the virus's challenges and that the EU's role is limited to coordination.

COVID-19 does not respect national or international borders, as the entire globe discovered in 2020. To combat the coronavirus, governments had to do everything they could to safeguard their citizens. For EU member states, this has meant cooperating to help people survive the pandemic, as well as extending out outside their borders to assist other countries. The states of the world and the EU have provided separate solutions to the epidemic. (Council, 2021) Although they work together and have a number of unified and harmonized solutions, they have provided a wide range of responses to the pandemic due to the above jurisdictional issues. Among the Member State 1 responses, the Swedish model, for example, concentrated on the economy's functioning, with minimal

¹ It is important to add that other epidemics had not spread at this intensity before, either completely asymptotically and lurking for weeks, in view of which the immediate reaction - in the absence of vaccination and medication - could only be complete closure at that time. This, of course, had a very detrimental effect on the economy, but states had to decide whether to prioritize the lives and health of their citizens, or the current efficiency of the economy. Obviously, there are also reasonable political arguments and counter-arguments behind both models. The aim of the article is not to qualify these operating models.

constraints and the goal of achieving flock immunity as quickly as feasible. Individual states in other parts of Europe, such as Central and Eastern Europe, imposed ostensibly severe restrictions in March and April 2020. Border closures, travel limitations, entry restrictions, remote operation of public educational institutions, and exit restrictions are only a few examples. We witnessed many and significantly varied patterns in the spring to restrict the free movement of persons for public health reasons, all of which worked to halt the development of the pandemic. The majority of these policies will be implemented again this winter by states.

The European Union was principally able to help to the solution of the epidemic by obtaining equipment, conducting research and medication development, and providing financial support for vaccine development due to its competencies and opportunities. In epidemic management, the primary word has become solidarity, which, in my opinion, demonstrates a lack of competencies. Solidarity is a soft expression and all Member States mean different things. In essence, combining the Member States' duty of loyal cooperation with solidarity, we can see a several of varying intensity.

We would like to highlight four ways (Council, 2021) the EU and member states have collaborated to overcome the difficulties posed by COVID-19.

1.1. The vaccines and the testing

Vaccinations and testing The EU has been sponsoring research initiatives to improve testing or discover ways to provide a vaccine since the beginning of the epidemic. In just a few months, safe and effective COVID-19 vaccinations have become a reality, and vaccination is underway across the EU. The task of developing a vaccine is only half of the battle. To achieve herd immunity, mass manufacturing and effective distribution are also required. COVID-19 vaccination began on December 27, 2020, in the European Union. Every week, additional doses are delivered to EU countries to continue their immunization efforts. The most vulnerable members of the population, healthcare personnel, and other priority groups receive the first dosages.

1.2. Medical equipment

The requirement for emergency medical equipment became obvious when the characteristics of the novel coronavirus became clear in early 2020. It was required to treat the most vulnerable people as well as to protect doctors, nurses, and other healthcare workers so that they could do their jobs safely.

To satisfy this demand, the EU established an emergency medical equipment reserve in March that could be promptly mobilized in an emergency. Six nations (Germany, Romania, Denmark, Greece, Hungary, and Sweden) were given responsibility for acquiring and supplying the essential equipment with the help of the EU. The EU's emergency response coordination centre handles requests and supervises the delivery of equipment and assistance to nations in need.

1.3. Supporting each other

In the year 2020, EU member states have backed each other up and collaborated to address the pandemic's issues. When the pandemic struck, the swift closure of borders resulted in the cancellation of many international flights, leaving people stranded far from home, and EU consular protection allowed nationals to seek assistance from any

other EU country's embassy or consulate. Their embassies worked together to give repatriation advice and help, assisting nationals in difficult situations.

1.4. Jobs and workers

Member states of the European Union decided to help one another by providing financial resources in the form of loans. They agreed to launch the SURE program as a sign of their solidarity: In an emergency, €100 billion will be used to give support to mitigate unemployment risks.

By allowing national governments to enhance public funding to fund short-term work schemes, this EU initiative helps member states shield persons from the risk of unemployment and income loss.

Solidarity measures have been a great example of the fragmentation of the Union, as when there was a deficit in the Member States, all Member States gave priority to tackling their problems locally, rather than cross-border measures in the name of solidarity. The obligation of solidarity has allowed each Member State to help only as much as it can and wants.

Given that health and social issues are currently a Member State competency, most preventive and crisis management measures can be taken most effectively at Member State and regional level. Several experts (JULIANNA SÁRA TRASER, MÁRTA BENYUSZ, 2020) agreed that the health pandemic could be managed effectively at the level of smaller territorial units, as knowledge and resources for the area were available there. The crisis has affected certain areas of the EU at other levels, both economically and health-wise, sometimes with different effects within the Member States. And these cannot be remedied with the same "one size fits all" solutions. Actions at the EU level were thus coordinated and supportive of health.

With regard to Member States' economic protection measures, it was important to examine issues in breach of state aid and EU competition rules in order to ensure that economic protection and incentive measures temporarily should not be considered as breaching of EU competition law. Thus, no infringement proceedings or Commission antitrust proceedings should be initiated in respect of the measures in that question. As, the granting of selective public advantages by Member States (tax reductions, waivers, etc.), even if they serve a health objective, which falls within the jurisdiction of the Member States, would infringe EU competition law rules, which, in contrast to health issues, purely EU cognizance.

Thus the EU would have had the means to intervene in the economic aspects of crisis management, but it would only have increased tensions between the Member States and citizens in an emergency. Recognizing that strict compliance with the rules would lead to an unfair situation (*summum ius, summa iniuria*), the Union moderated the strictness of competition rules in the light of the emergency and exercised flexibility in the field of competition rules in an unprecedented way.

2. THE EU'S RESPONSE TO THE COVID-19 PANDEMIC AND THE RECOVERY PLAN FOR EUROPE

During these trying times, the EU and its member states are collaborating to restrict the virus's spread, strengthen healthcare systems, alleviate the pandemic's social and

economic repercussions, and assist workers, businesses, and member states. In the following, we will outline a few EU steps (Union, 2021) that have been endorsed by the Council to combat COVID-19 and assure recovery.

2.1. Supporting the EU's recovery

Supporting the EU's recovery EU leaders decided on an extraordinary €750 billion recovery fund called 'Next Generation EU' to aid the EU's recovery from the pandemic's economic and social effects. Investment in the digital and green transitions will be prioritized in the recovery package. Furthermore, the European Council decided on a long-term EU budget for the years 2021-2027, which will enhance growth and help citizens, enterprises, and economies in the years ahead.

2.2. Coordinating travel measures

During the COVID-19 pandemic, EU members adopted a uniform framework for travel measures to protect freedom of movement in the EU. They agreed on a set of common criteria to consider when deciding on measures, as well as a consistent description of risk zones. The goal of the suggestion is to assist member states in making decisions depending on the epidemiological situation in their respective regions. Citizens and companies benefit from more coordination because it enhances transparency and predictability while avoiding fragmentation and service disruption. Member states also pledged to provide the public with clear, comprehensive, and timely information on any new measures or regulations at least 24 hours before their implementation.

The European Centre for Disease Prevention and Control (ECDC) publishes a weekly common colour-coded map by region, based on data submitted by member states on the following common criteria.

In response to the COVID-19 pandemic, the Council adopted an updated recommendation on a coordinated approach to COVID-19 travel controls inside the EU on February 1, 2021. A new colour (dark red) is added to the current categories under the modified guideline. This colour would be used in places where the virus is circulating at a high rate, possibly due to more infectious variations. (EU, 2021)

2.3. Slowing the spread of the virus

EU countries briefly banned non-essential travel to the EU to help limit the virus's spread throughout Europe and beyond. The travel list is reviewed regularly and can be modified as needed. The epidemiological status and containment measures, including physical separation, as well as economic and social concerns, are used to determine which third countries should have travel restrictions eased.

2.4. Pushing for a COVID-19 vaccine

In the EU, three COVID-19 vaccines have already been approved, and immunization will begin on December 27, 2020, throughout the Union. Through advance purchase agreements with vaccine manufacturers, the EU has coordinated a collaborative effort to ensure the production of a sufficient number of safe and effective COVID-19 vaccines in the EU. To this purpose, the EU has struck six agreements with vaccine makers in order to ensure that EU countries have a diverse vaccine portfolio. A total of 2.3 billion vaccination doses have been obtained.

The EU is coordinating a global effort to provide universal access to vaccines with member states and the World Health Organization.

2.5. Supporting EU health systems

Throughout the COVID-19 epidemic, the EU supported crisis management and coordination by maintaining continual contact between member states and EU authorities. Under rescEU, the EU has also made medical equipment available by establishing a European stockpile of personal protective equipment and ventilators.

The EU has proposed a new, strengthened EU4Health program to help Europe cope with future public health concerns, which will increase support for member states' healthcare systems. It is intended to make a significant contribution to post-COVID-19 recovery, with an emphasis on strengthening health systems and encouraging health-sector innovation.

2.6. Protecting jobs

To assist people in keeping their jobs throughout the crisis, the EU has created a temporary support mechanism to help decrease unemployment risks in an emergency. As most social and employment issues and occupational factors are a matter for the Member States, of course within an EU framework. There are common EU rules in the field of labour law and employment, primarily in the area of working conditions and equal treatment. However, e.g. in terms of wage levels, there are different solutions from one Member State to another.

2.7. Helping EU countries fund their COVID-19 response

Through the Coronavirus Response Investment Initiative, the EU is assisting member states in funding their crisis response by sending about €37 billion from EU structural funds to EU members.

The EU is also using its entire budgetary flexibility to assist EU members in supporting healthcare systems and businesses in order to keep people employed during the crisis. The EU's state aid regulations have been eased to allow governments to give liquidity to the economy in order to help citizens and businesses save jobs.

EU leaders agreed to cooperate on a recovery plan for Europe to help EU residents, businesses, and governments recover from the economic slowdown caused by the COVID-19 epidemic. They agreed on April 23, 2020, to establish an EU recovery fund aimed at minimizing the crisis's impact. (Council, 2021)

On July 21, EU leaders agreed on a €1.824 billion budget for the years 2021-2027. The package, which combines the multiannual financial framework (MFF) with the extraordinary recovery effort Next Generation EU (NGEU), will assist the EU in rebuilding following the COVID-19 epidemic and will boost investment in green and digital transitions.

EU leaders defined the priorities for the EU's recovery in October 2020. They urged for a speedy restoration to a fully functioning single market, as well as making EU sectors more globally competitive and autonomous, and speeding up the digital revolution.

On February 11, 2021, the Council passed a regulation establishing the Recovery and Resilience Facility. The grants will assist member states in dealing with the economic

and social consequences of the COVID-19 epidemic while also ensuring that their economies make the green and digital transformations necessary to become more sustainable and resilient. (Union, 2021)

EU nations must design a coherent package of projects, reforms, and investments in six policy areas in order to obtain financing from the Recovery and Resilience Facility:

- the green transition
- digital transformation
- smart, sustainable and inclusive growth and jobs
- social and territorial cohesion
- health and resilience
- policies for the next generation, including education and skills

As a general rule, EU nations have until 30 April 2021 to submit their national recovery and resilience plans, which include their reform and investment goals until 2026. (EU, 2021)

3. COVID-19: RESEARCH AND VACCINES

The development and dissemination of a COVID-19 vaccine that is both effective and safe is a long-term solution and a cornerstone of the EU's response to the pandemic. COVID-19 vaccination began on December 27, 2020, in the European Union. Vaccines are being distributed to all member states at the same time and under the same conditions.

The entire globe was racing to find a COVID-19 vaccination that was both safe and effective. Despite the pressure, COVID-19 vaccines are being developed to the same high standards as other vaccines in terms of quality, safety, and efficacy. The effects of COVID-19 vaccinations, like all vaccines, are first studied in the laboratory, including in animals, and subsequently in human volunteers. (Union, 2021)

The European Medicines Agency provides impartial scientific advice to the EU in order to coordinate vaccine approval. The evaluation process is generally lengthy, but owing to the present global crisis, the EMA is evaluating submissions from COVID-19 vaccine makers as quickly as possible by:

- offering early advice to COVID-19 vaccine developers as they prepare to apply for approval
- establishing quick-rolling review procedures
- evaluating crucial COVID-19 vaccination data as soon as it becomes available

The European Medicines Agency will only provide a favourable recommendation to the EU for conditional marketing authorisation if the scientific evidence meets the highest level for vaccine safety and efficacy.

Following favourable reviews by the European Medicines Agency, the European Commission has given three COVID-19 vaccines conditional marketing authorization:

- the BioNTech/Pfizer vaccine was authorised on 21 December 2020
- the Moderna vaccine was approved on 6 January 2021
- the AstraZeneca vaccine was authorised on 29 January 2021

Furthermore, the EU is utilizing all available options to expedite the approval of further potential vaccinations for use across the EU. COVID-19 vaccinations will only be

approved for use in the EU if scientific evidence shows that the benefits outweigh the hazards.

The EU also provided instructions and assistance to member states on how to prepare for the distribution of COVID-19 vaccines. (Commission, 2020)

The EU vaccination strategy outlines the important components that national governments should consider when planning COVID-19 immunization campaigns. Consider the following scenario:

- vaccination service capability to deliver COVID-19 vaccines, including trained personnel and medical and safety equipment
- target groups have simple and affordable access to vaccines
- vaccine deployment logistics (storage and transportation requirements, particularly the 'cold chain')
- clear information about the COVID-19 vaccine's benefits, dangers, and importance.

According to the EU, examples of priority groups of populations that should be considered for early access to vaccines are the followings:

- healthcare and long-term care facility workers,
- persons over 60 years of age,
- persons whose state of health puts them, particularly at risk,
- persons who cannot socially distance themselves,
- and more disadvantaged socio-economic groups.

The EU and its member states are collaborating to strengthen national healthcare systems and limit the spread of the virus. Simultaneously, the EU and its member countries are taking steps to mitigate the socioeconomic impact of COVID-19 and support the recovery.

4. THE EPIDEMIC AND SPECIAL LEGAL ORDER IN HUNGARY

The various crisis situations are putting the functioning of all constitutional democracies to the test. These are not only the challenges of the state or society but also the testing of the operation and further operation of the republic at the same time. On July 4, 1861, Abraham Lincoln raised the dilemma that there was no good solution at this time: the government acting in an emergency must be either too restrictive of individual rights or too weak, which endangers the crisis management, thus ultimately the survival. This duality has been the most important dilemma of modern constitutionality ever since, as there is no crisis management that guarantees both the rule of law and the fullness of individual rights, as well as effective protection. Lincoln's idea became relevant again today, following the coronavirus epidemic. (Mészáros, 2020)

In the analysis of the epidemiological situation, issues related to the introduction and regulation of the special legal order in Hungary arise as an area to be examined for the first time. Although they cover a number of areas of law, we believe it is important to look at the subject from a different perspective without claiming to be exhaustive. With regard to the global epidemic, the Hungarian public administration, like the administrations of other European countries, was unexpectedly affected by the Covid-19 epidemic at the level of constitutional regulation. Therefore we believe that the issue

should be examined primarily from a constitutional point of view, but we do not wish to take a position on the fundamental question, which is otherwise disputed by some authors, whether its introduction was constitutional. (Szente, 2020)

According to the international literature, in relation to the special legal order in terms of constitutional regulation two main models have been formed. The first, so-called common law model, (Balázs- Hoffman, 2020) which is either based on a constitutional general clause or the possibility of an extraordinary legal order is derived directly or indirectly from constitutional rules. This model is typical for the United Kingdom and the United States. The second, the so-called continental model includes those states whose constitutional rules contain detailed provisions in the context of the special legal order, i.e. they specify their framework, determine the procedural and substantive rules for their introduction and abolition, and specify the additional powers of each state authority. This includes the countries of Central and Eastern Europe, including Hungary. The literature highlights that in many cases, due to the experience of previous dictatorial regimes in the countries concerned, the relevant rules have been precisely defined. (Drinóczi, 2020)Based on this, it can be said that Hungary follows a similar model to the other Central and Eastern European states. The Fundamental Law regulates the rules for the special legal system in detail.

The above-mentioned constitutional rules impose strong limits on the legislature, leaving a relatively narrow legislative give. Article 53 (1) of the Fundamental Law of Hungary deals with the imposition of an emergency, according to which:

(1) In the event of a natural disaster or industrial accident endangering life and property, or in order to mitigate its consequences, the Government shall declare a state of danger, and may introduce extraordinary measures laid down in a cardinal Act.²

In the event of a natural or industrial disaster endangering lives and property, the government may declare a state of emergency and implement emergency measures - as defined in an implementing act, which is The Act CXXVIII of 2011 on emergency management and the amendment of certain relevant laws - to mitigate the consequences. During a state of emergency, the government may issue decrees allowing it to suspend the application of certain laws or deviate from their provisions, as well as take other extraordinary measures, all within the authority of an implementing act.

Natural and industrial disasters are the only two applicable scenarios that might result in a state of danger, according to the Fundamental Law. The human epidemic is not involved in the listing of the constitution, although the relevant implementing act, the Act CXXVIII of 2011 extends the cases by "other dangers" phase in Article 44, which allows declaring state of emergency to protect the health and life of citizens when a human epidemic jeopardizes human life and property and causes mass infections. (Mészáros, 2020)

The above regulations show that with regard to the global epidemic, the Hungarian public administration - similarly to the administrations of other European countries - was unexpectedly affected by the Covid-19 epidemic at the level of constitutional regulation. Epidemiological rules were modelled for seasonal influenza pandemics and the treatment of certain infectious diseases, most of which also had the vaccination and appropriate medication available.

² The Fundamental Law of Hungary Article 53 (1)

By Government Decree 479/ 2020 (3 November), the Hungarian Government proclaimed a state of emergency under Article 53 of the Fundamental Law, imposing additional protective measures for the duration of the condition of danger. During a state of emergency, the Government may issue decrees suspending the application of certain laws or derogating from their provisions, according to the second and third paragraphs of Article 53 of the Fundamental Law. These measures will be in effect for fifteen days unless the Government decides to extend them depending on Parliament's approval. This later regulation is one of the most relevant ones according to all special legal orders because this guarantees that emergency powers will be available to the government for a well-defined short period of time. (Mészáros, 2020)

According to Article 53 of the Fundamental Law third paragraph on the basis of the authorisation of the National Assembly, the decrees can remain in force for a longer time. By the Act CIX of 2020 on the containment of the second wave of the coronavirus pandemic Section 5 this extension meant 90 days, so until the 8th of February. On that day by the Government Decree 26/2021 (29 January) terminating the state of emergency under Government Decree 478/2020 (3 November) state of danger was terminated and a new Government decree came into force. That is the Government Decree 27/2021 (January 29) on the declaration of the state of emergency and the entering into force of emergency measures, which is extending coronavirus-related restrictions until March 1. The Government will also extend its special powers for 15 days from midnight on February 7, and request the Parliament to extend the special legal order in force with a further 90 days and the bill for it is in front of the National Assembly. (International Communications Office, 2021)

Chief Medical Officer announced the beginning of the third wave of the coronavirus in Hungary on February 18's coronavirus press conference. Only safe vaccines against COVID-19 represents a lasting solution that is why the Hungarian government has announced that a COVID-19 vaccine will be provided to everyone who is legally present in Hungary and is old enough to receive an approved vaccine. The vaccine will be provided free of charge. Residents who are not participants in the Hungarian State Health Insurance program will be prioritized after those who are program participants.

The amount of vaccines determines the number of people who will be vaccinated each week.

Following positive reviews by Hungary's National Public Health Authority, a license has been obtained for five COVID-19 vaccines:

- from December 26, 2020, the BioNTech/Pfizer vaccine was utilized in hospitals for the first time.
- from the middle of January 2021, the Moderna vaccination was used in elderly homes for the first time
- the AstraZeneca vaccination, which is used on chronically ill people under the age of 60.
- the Sputnik V vaccine, which was first given out on February 15, 2021, can be given to anyone under the age of 75 who is not suffering from a chronic ailment.
- Hungary's National Public Health Authority delivered the Sinopharm vaccination on February 19, 2021.

The most important difference among the licensed vaccines is the use of them because the BioNTech/Pfizer and the Moderna vaccines can be used by everybody above

the age of 18. The Chinese Sinopharm vaccines also can be given to anyone older than 18 except pregnant women, which means Chronic patients can also receive it if their particular disease is properly treated. However, the other two vaccines can be used only in the given circumstances that we mentioned above. (International Communications Office, 2021)

The Hungarian government introduces certificates of immunity from Covid for people who have been inoculated against or recovered from the disease. The certificate will be issued to people who have received the second shot of the vaccine, indicating the date on which the second dose was administered.

The certificate of immunity was introduced by the Hungarian government for those who had been inoculated against or recovered from the Covid-19 disease. The certificate will be given to those who had received the second vaccination and the date of the second jab will be indicated. According to the Government Decree 60/2021 (12 February) on certifying immunity to coronavirus Section 1:

(1) Immunity to coronavirus shall be certified by certifying the fact of

a) having recovered from COVID-19 illness within a specified period or

b) having been vaccinated with a dose determined by a producer of a COVID-19 vaccine that is authorised in the European Union or Hungary and used for the vaccination of the population which gives vaccinated status.

(2) Immunity to coronavirus shall be certified by either an official verification card (immunity card) or an application.³

This document has no expiration date due to insufficient information on the duration of immunity after the vaccination. In addition, another type of certificate includes relevant dates, such as the discharge of a recovered Covid patient and 10 days after the first positive PCR test result.

5. CONCLUSION

In our article, we have sought to present the most important economic protection and health recovery measures taken in the fight against the Covid-19 pandemic. Our hypothesis was that reactions to the coronavirus necessarily affect the national legal system. In order to support our hypothesis, we presented the EU reactions to the pandemic, and then we continued with the presentation of the domestic legislation in this framework. The decisions taken in the EU also had an impact on the provisions developed in Hungary. We believe that one of the keys to effective defence is cooperation at the EU level, in which the EU is actively involved. However, the Member States that are afraid for their sovereignty do not always agree with their measures and make it difficult to take a decision behind the sovereignty of the Member States and the principle of subsidiarity.

From a political point of view, this is an understandable consideration in many cases, but in a health crisis, citizens are likely to be more interested in protecting their health and safety than the fate of national sovereignty. Of course, the question is not black and white, not right or wrong, good or bad judgments. Much more nuanced than that.

³ Government Decree 60/2021 (12 February) Section 1

We would like to close our article with a quote from the concluding paragraph of Camus' novel *The Plague*, which illustrates the current situation well: "He knew ... that the plague bacillus never dies or disappears for good..." It can be seen, therefore, that the COVID-19 epidemic will leave lasting traces not only on the economy and society but also on the Hungarian legal system.

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