A "passport to freedom"?
Covid-19 and the re-bordering of the world

I. Introduction

Covid-19 has been a moment of fast and progressive re-bordering of the World: border controls at the national frontiers were reintroduced in many countries as well as in urban contexts, and travel became suddenly distinguished between 'essential' and 'non-essential'. The movement of people has, however, never been fully stopped: rather, the pandemic has strengthened class-based mobility and, thus, unequal access to it. As Alison Bashford has demonstrated, historically pandemics and infectious diseases have been moments in which new racialised borders have been enforced[1]. In fact, a "new spatial organisation of infectious disease control" had historically emerged as a response to pandemics and epidemics[2]. The work of Kathryn Olivarius has similarly reconstructed how during the yellow fever immunity was "wielded as a weapon" in New Orleans, and was used to multiply racial hierarchies among citizens as well as between slaves and citizens[3]. Today, state responses to Covid-19 as a "global health threat" are restructuring urban, social and national frontiers, further intertwined (and exacerbated by) the deep geopolitical inequalities of vaccine distribution. At the same time, the multiplication of borders and restrictions to freedom of movement has been justified in the name of citizens' 'common good'.

EU Member States temporarily closed their national frontiers from April 2020 until mid-June 2020 - even though, as Elspeth Guild has pointed out, this happened without

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[1] A Bashford "The age of universal contagion': history, disease and globalization. In A. Bashford (ed) *Medicine at the Border* (Palgrave Macmillan 2006) pp. 1-17

[2] L Weir and E Mykhalovskiy "The geopolitics of global public health surveillance in the twenty-first century". In A. Bashford (eds) *Medicine at the Border. (*Palgrave 2006), p. 259.

[3] K Olivarius "The Dangerous History of Immunoprivilege" (2020). New York Times. <https://www.nytimes.com/2020/04/12/opinion/coronavirus-immunity-passports.html > (last accessed, May 28, 2021)

centralised coordination[4]. In fact, in Spring 2020 about 91% of the world's population was living in a country where new border restrictions had been enforced in response to the pandemic[5]. Since then, border closures across the world have proliferated and have been reactivated according to an on-and-off rhythm. In February 2021, the UK introduced new border restrictions, mandatory tests upon arrival (whose costs were to be borne by the traveller) and hotel quarantine for travellers coming from countries which had been put on a "red list", following the Australian model. One month later, a travel ban was enforced to hamper people from travelling abroad "without a reasonable excuse". In this respect, it is worth noting that one of the "reasonable excuses" to leave the UK was the carrying out of "activities related to buying, selling, letting or renting a residential property"[6]. Such selective measures are just one illustration of the points made above: rather than stopping circulation, the Covid-19 border restrictions have simply strengthened class-based mobility[7]: in fact, those citizens who are able to spend money to divert their route in order to bypass some national restrictions, to bring evidence of being business people, or to spend two weeks in hotel quarantine, can travel in a relatively smooth way.

Another striking feature of the multiplication of border restrictions across the globe has been their general popular acceptance with few reservations[8]: the more borders and restrictions to mobility are enforced, the argument goes, the more citizens' health, within each country, will be safeguarded. Indeed, the multiplication of bordering mechanisms has been justified as part of the fight against a global health threat, and in the name of a "common [national] good". This 'nationalization' of the protection discourse has been described by commentators under the rubric of *health nationalisms.* That is, the protection of the health of national populations in Covid-19 times is posited as something that can be

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[4] E Guild "Covid-19 Using Border Controls to Fight a Pandemic? Reflections From the European Union" (2020), Frontiers in Human Dynamics (2), 1-6.
[5] https://www.pewresearch.org/fact-tank/2020/04/01/more-than-nine-in-ten-people-worldwide-live-in-countries-with-travel-restrictions-amid-covid-19/
[6] https://www.gov.uk/guidance/coronavirus-covid-19-declaration-form-for-international-travel#permitted-reasons-for-international-travel
[7] S Sekalala and B Rawson "Navigating the Paradoxes of Selective COVID-19 Border Closures" (2020) Bordercriminologies. <https://www.law.ox.ac.uk/research-subject-groups/centre-criminology/centreborder-criminologies/blog/2020/07/navigating > (last accessed, May 28, 2021)
[8] https://www.ipsos.com/ipsos-mori/en-uk/majority-people-want-borders-closed-fear-about-covid-19-escalates

reached only by restricting cross-border mobility, and by making entry into and exit from the state conditional. The moralisation of travellers which escalated during the pandemic has been played out at the intersection of these two factors: the fight against a global health threat and the justification of border closures in the name of a common (national) good. The European Commission's proposed new "passport to freedom" – the "Digital Green Certificate" – is aimed at allowing people to travel again within the territory of the Union. Freedom of movement will, nevertheless, be conditional on "various types of documentary evidence" related to vaccination, proof of negative test, or immunity. Along similar lines, the UK government is also planning to enforce a Covid-19 certificate later this year, to regulate the entry/exit system in the country. As other papers in this special issue highlight, a variety of criticisms have been raised against these and other proposed Covid-19 certificates, noting how they risk paving the ground for discriminatory access to mobility, impacting marginalised communities in particular (as Hakli also outlines in his contribution to this issue). Despite their stated promises, these and other vaccine passports won't necessarily constitute a neat threshold in the management of the pandemic; rather, as Luiza Bialasiewicz and Alberto Alemanno observe, "they will create new borders: across the continent, across communities and even across families, divided between 'safe' and 'unsafe' bodies"[9].

Covid-19 'passports' and certificates should, accordingly, be analysed in light of the bordering mechanisms which multiplied during Covid-19 and, more precisely, of the strengthening of class-based mobility. In fact, by arguing that the pandemic has triggered the re-bordering of the world I do not refer only to more borders and more restrictions to mobility: the re-bordering process has also further enforced class-based and racialised restrictions. Such accentuation is not a peculiar of the pandemic: on the contrary, it could be argued that Covid-19 has shed light on the functioning of borders as such. Indeed, as Sandro Mezzadra and Brett Neilson have pointed out, far "from serving merely to block or obstruct global passages of people, money, or objects" borders "have become central devices for their articulation. Borders play a key role in the production of the heterogeneous

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[9] L Bialasiewicz and A Alemanno "The dangerous illusion of a EU vaccine passport" (2021). Opendemocracy. <https://www.opendemocracy.net/en/can-europe-make-it/the-dangerous-illusions-of-an-eu-vaccine-passport/?utm_source=tw > (last accessed, May 28, 2021)

time and space of contemporary global and postcolonial capitalism"[10]. The re-bordering of the world during Covid-19 did not consist only in the temporary re-establishment of national frontiers but, as suggested above, in a multiplication of social, national and urban boundaries. I will offer some examples of this multiplication and accentuation in the paragraphs that follow.

Hygienic-sanitary reasons have long been at the core of the implementation and justification of heterogenous borders[11]. The measures enforced by states against Covid-19 (face masks, social distancing measures, hand washing), should indeed be situated in a broader hygienic-sanitary rationale of governing, in which the access to mobility, social services and rights might be conditional on evidence of compliance with hygienic norms. This is, for instance, incapsulated in the UK government's plan to use the NHS app to verify that people are entitled to get a Covid-19 passport[12]. Relatedly, claims around public health have been progressively emptied in favour of hygienic-sanitary logics, and the former has been conflated with the latter: that is, discourses on individual protection and moral responsibility have jeopardised debates on the crisis of national public health systems. What is more, the enforcement of hygienic-sanitary borders needs to be closely scrutinised not only due to the control these exercise on people's movements but, more broadly, for the discriminatory containment measures they legitimise on certain populations more than others, and for preventing that they become unquestionable interventions. By speaking of "hygienic-sanitary borders" I refer to bordering mechanisms which enact forms of racialised containment (towards migrants) and which fix rules of citizens' good behaviour in opposition to the "irresponsible conduct" of others, all in the name of a 'common good'. In fact, some

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[10] S Mezzadra and B Neilson *Border as Method, or, the Multiplication of Labor (*Duke University Press 2013) p.xi.

[11] M Tazzioli "Stay safe, stay away, and put face masks on" – the hygienic-sanitary borders of Covid-19" (2020) PERC. <https://www.perc.org.uk/project_posts/stay-safe-stay-away-and-put-face-masks-on-the-hygienic-sanitary-borders-of-covid-19/ > (last accessed, May 28, 2021)

[12] < https://inews.co.uk/news/politics/nhs-app-will-allow-people-to-access-covid-19-passports-through-facial-recognition-978649 > (last accessed, May 28, 2021)

marginalised communities[13] or populations who are criminalised as "unruly" - like the Roma - have been blamed for behaving irresponsibly[14].

The very notion of a "common good" requires, indeed, to be critically unpacked: during the lockdowns, the "common good" has emerged as the outcome of repeated hygienic practices that all citizens are expected to engage in. Such hygienic-sanitary borders have been enforced also through widespread practices of *peer-to-peer surveillance*, that is, modes of policing that are enacted and interiorised among peers: the moralisation of unruly conducts and of individuals who do not comply with hygienic-sanitary measures have in fact consolidated the acceptance of invisible bordering mechanisms[15].

1. "Contain to protect"

During Covid-19 hybrid spaces of migration confinement and detention have also multiplied across Europe, and at its borders. More precisely, the ambivalent security-humanitarian logic which underpins the functioning of the border regime has been inflected by the "contain to protect" principle[16]. Migrants have thus been confined on the mainland or at sea both in the name of their own protection against the exposure to the virus and, at once, in order to protect the citizens of the state in question against them as potential vehicles of contagion. As I have described elsewhere, in Italy migrants have been isolated and detained on quarantine ships: both migrants who had just landed on Italian soil, but also asylum seekers who had already been transferred to hosting centres on the mainland[17] and who had been tested positive. All these individuals were taken back to sea, and isolated with other migrants for two weeks on quarantine ships. Migrants have also been

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[13] see for instance <https://www.theguardian.com/uk-news/2020/jul/31/singled-out-oldham-muslim-community-coronavirus-lockdown-controls-eid> (last accessed, May 28, 2021)

[14] <https://www.opendemocracy.net/en/can-europe-make-it/shameful-resurgence-violent-scapegoating-time-crisis/?fbclid=IwAR0y2wjiSBAd-lSqmrMfHujnJxc0jRzq07LoOlDe6T6cYLzoSWY2TBqtCDM > (last accessed, May 28, 2021)

[15] On the multiplication and heterogeneity of invisible borders during the pandemic see E Isin and Ruppert "The birth of sensory power: How a pandemic made it visible?" (2020). *Big Data & Society*, 7(2), 2053951720969208.

[16] M Tazzioli and M Stierl "Europe's unsafe environment: migrant confinement under Covid-19" *Critical Studies on Security*, 1-5; M Tazzioli "Confine to Protect: Greek Hotspots and the Hygienic-Sanitary Borders of Covid-19" < https://www.law.ox.ac.uk/research-subject-groups/centre-criminology/centreborder-criminologies/blog/2020/09/confine-protect > (last accessed, May 28, 2021)

[17] https://www.asgi.it/notizie/udine-migranti-nei-bus-lettera-inumano-degradante/

quarantined on buses, such as those in the city of Udine, close to the Slovenian-Italian border that is one of the EU entry points of the 'Balkan Route'. In Greece, asylum seekers have been confined in protracted confinement both in the hotspots as well as in refugee camps[18]. The lockdown imposed on asylum seekers in Greece was also different in terms of time from the lockdown of Greek citizens: indeed, in 2020 the former had been kept protractedly in lockdown until September, while for citizens and residents the restrictions were lifted in May.

In this case, too, confinement has been justified by state authorities in the name of both migrants' and citizens' protection. Yet Covid-19 did not block nor essentially decelerate migration movements to Europe[19]: rather, it further obstructed migrants' access to the asylum procedure and to obtaining international protection[20]. Indeed, during the lockdowns some European countries temporarily suspended asylum applications or implemented new procedures[21]. Thus, during the lockdowns, migrants' physical and legal access to asylum was substantially hampered, if not entirely blocked. Migrants have thus been preventively illegalised through a series of mobile infrastructures of deterrence and containment. People seeking asylum in the UK have been sent to the overcrowded Napier barracks, located in the surrounding of the city Folkestone[22]: in winter 2021, the barracks became a Covid-19 hub, where infection among migrants spread quickly due to the impossibility of physical distancing from each other[23].

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[18] https://www.msf.org/covid-19-excuse-keep-people-greek-islands-locked; https://www.infomigrants.net/en/post/26138/lockdown-in-refugee-camps-on-greek-islands-discriminatory-msf-says

[19] In 2020 the drop in migrant arrivals across the Mediterranean has been determined by the huge decrease of arrivals along the Eastern route -which was mainly the result of geopolitical tensions between Turkey, Greece and the EU. Instead, migrant arrivals along the Central Mediterranean route (via Libya) have actually increased in comparison to 2019.

[20] Asylum applications in 2020 dropped of 31% in comparison to 2019. See https://www.easo.europa.eu/news-events/eu-asylum-decisions-exceed-applications-first-time-2017-due-covid-19 (last accessed, May 28, 2021)

[21] For instance, Greece suspended asylum applications in April 2020 and in summer of the same year the government accelerated the digitalisation of the asylum procedure. The digitalisation of asylum constitutes a further obstacle for migrant who want to apply for asylum.

[22] https://www.libertyhumanrights.org.uk/issue/napier-barracks-breach-human-rights/

[23] W Walters and B Lüthi "The politics of cramped space: Dilemmas of action, containment and mobility" (2016) *International Journal of Politics, Culture, and Society*, *29*(4), 359-366.

Hotels have also been widely used in the UK for self-isolating asylum seekers upon arrival, as part of Alternative Places of Detention systems[24]. Overall, many hybrid forms of detention which have been officially used for temporarily housing migrants and asylum seekers during the pandemic, have become semi-permanent accommodation solutions. In this regard, it is noteworthy that a sort of "confinement continuum" has de facto been enacted in the UK in 2021 through the hotel system and as part of the "contain to protect" logics: indeed, both migrants and other travellers coming from countries on the red list, were isolated in hotels. Speaking of a confinement continuum does not mean erasing the striking differences between, on the one hand, migrants' forced confinement and, on the other, well-off travellers who pay £1700 for quarantining in a hotel for ten days. Rather, it is a matter of highlighting interlocking systems of confinement that have been put in place and justified during the pandemic in the name of "confine to protect" logics. Alongside hybrid forms of confinement and detention, the "contain to protect" principle has been played out by states also for enforcing new border restrictions against migrants and for preventing them from claiming asylum. Foregrounding the *containment continuum* that those who are racialised as "migrants" are targeted by is key for questioning the freedom of movement promised by the EU's Digital Green Certificate. Indeed, the EU's "passport to freedom" will be predicated upon the containment, detention and expulsion of migrants and asylum seekers.

2. Recrafting critique: from the struggles up

Borders and immigration controls, as Nandita Sharma has remarkably put it, are "crucial technologies for nation-making (and nation-maintaining) strategies"[25]. Covid-19 has been a key moment when the proliferation of heterogenous bordering mechanisms has in fact

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[24] A Burridge "Hotels are no 'luxury' place to detain people seeking asylum in Australia" *The Conversation. Academic rigour, journalistic flair.*. https://theconversation.com/hotels-are-no-luxury-place-to-detain-people-seeking-asylum-in-australia-134544 (last accessed, May 28, 2021).

[25] N. Sharma Home Rule: National Sovereignty and the Separation of Natives and Migrants. (Duke University Press 2020) p.3.

played central role in reinforcing health nationalisms and in multiplying racialised hierarchies in the right to mobility. More precisely, Covid-19 has not been simply a moment of a straight-up re-nationalisation of politics: health nationalisms and the acceleration of transnational extractive capitalist dynamics have occurred at the same time, also through the multiplication of differential bordering mechanisms. The accelerated re-bordering of the world and the restructuring of class-based mobility in the name of the fight against Covid-19 thus confront us with the question of how to rethink critique. That is, how to elaborate a critique of bordering mechanisms such as the EU Digital Green Certificate enforced in the name of common good? And how to do so without replicating the binary opposition between the right to freedom of movement on the one side, and struggle for common good on the other?

In fact, the space for critique seems shrinking in light of restrictions to freedom of movement and multiplication of heterogenous boundaries that have been implemented and justified as a condition for decelerating and tackling the spreading of the virus. At the same time, a critique of the borders of Covid-19 cannot "simply" consist in claiming back the freedom of movement that some people in the world - mainly from the Global North - had before the outbreak of Covid-19. Rather, the current pandemic should be an opportunity for advancing a political agenda that puts at the core struggles for mobility justice[26] and unsettles liberal approaches to freedom of circulation. The deep geopolitical inequalities which underpin the global vaccination campaign, as well as the various proposed Covid-19 certificates as "passports to freedom" further complicate the picture. A critical discussion about the 'bordering' of Covid-19 cannot be indeed separated from a wider reflection on (un)equal access to health. I suggest that a major stake consists precisely in bringing together claims for freedom of movement with social justice claims that, in this specific case, are centered around equal and non-racialised access to health, and with struggles for public health. The stakes of reformulating critique in Covid times are thus not only a theoretical query: rather, they are directly linked to the possibility of engaging in a transformative process, drawing upon existing practices, movements and struggles.

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[26] M Sheller *Mobility Justice: The Politics of Movement in an Age of Extremes* (Verso Books 2018)

The Black Lives Matter movement has notably linked claims for public health and anti-racist struggles. In particular, by showing connections between interlocking modes of racialisation, the increasing of mass incarceration during the pandemic[27] and unequal access to health, the Black Lives Matter movement has foregrounded the importance of dismantling the confinement continuum and its racialised dynamics. Struggles and collective mobilisation against heterogenous bordering mechanisms constitute the anchor for bringing together claims for health and social justice - and claims to freedom of movement. Confronted with the enforcement of diverse "passports to freedom", critical knowledge production about the management of the pandemic should pay heed to movements working at undoing the *confinement continuum* crisscrossed by racial, geopolitical and class-based asymmetries. Indeed, the struggle against interlocking forms of confinement is not only about freedom of movement: rather, it crucially links up claims for equal access to mobility and social justice claims to health and care.

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[27] R Gilmore "Ruth Gilmore on Covid-19, decarceration and abolition" (2020) Haymarket Books. https://www.haymarketbooks.org/blogs/128-ruth-wilson-gilmore-on-covid-19-decarceration-and-abolition (last accessed, 28 May 2021)