

Covid-19 and rebordering the world

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In April 2021, dozens of asylum seekers were moved back to the Napier Barracks in the UK, after the barracks had been emptied a month earlier following protests and media reports on its unsuitable conditions. Migrant support groups and NGOs denounced the ‘terrible conditions of the substandard accommodation and the effects it is having on its residents’.¹ Asylum seekers organised many protests against the unliveable conditions and several started hunger strikes. In the wake of this mobilisation, the Independent Inspector of Migration, Border and Asylum also reported inadequate resources and that the ‘environment at both sites [Penally Camp and Napier Barracks], especially Napier, was impoverished, run-down and unsuitable for long-term accommodation’.² Finally, public outcry after a Covid-19 outbreak at the barracks led the Home Office to transfer the asylum seekers to hotels where they were to wait to be transferred to an accommodation centre or a flat, according to the ‘dispersal policy’ that has been enforced in the UK since 1999. At about the same time, the UK government introduced hotel quarantine for travellers crossing borders from a number of countries deemed a risk for bringing ‘mutant’ Covid-19 variants to the UK. Notably, this continuum of hybrid forms of confinement has been enforced in the name of both migrants’ and citizens’ protection.

Anthropologist Didier Fassin has compared the treatment of undocumented asylum seekers and prisoners in France, observing that the latter received more attention than the former during the pandemic. While undocumented migrants were forcibly contained and confined, thus exposing them to the increased risk of Covid-19 infection, the French government simultaneously took measures to reduce the carceral population.³ Fassin analyses these contrasting measures as indicative of moral hierarchies, which place migrants at the bottom of a scale of humanity, and the resulting politics of indifference

towards migrant lives. Indeed, Covid-19 has made visible many of the hierarchies of life, while obscuring others. Yet, Fassin’s distinction between incarcerated and undocumented populations leaves out the extensive use of bordering as a technique of governing in the pandemic. Responses to Covid-19 have been characterised by a *confinement continuum*. The proliferation of languages of lockdown, quarantine or self-isolation and the numerous measures taken at borders, ‘vaccine nationalism’ or the geopolitics of travel restrictions illustrate the heterogeneous forms of bordering and rebordering enforced by states to respond to the pandemic.

In this piece we investigate the multiplication of heterogeneous bordering mechanisms during the Covid-19 pandemic and question the misleading opposition between freedom of movement and claims for equal access to public health that have followed from this. Covid-19 has not only become coterminous with borders and bordering, but it has entrenched their acceptability as techniques of governing. We argue that we need to challenge bordering mechanisms at large and that collective struggles for health cannot be divorced from collective struggles against borders and bordering mechanisms. The multiplication of borders during Covid-19 has intensified social-economic inequalities and hierarchies of vulnerability, as migrants’ confinement during the pandemic highlights. Yet, with the exception of mobilisation against migrants’ confinement in barracks, borders have tended to be seen as primarily a means of protection against the virus, both in public debate and on the left. A case in point is the debate within the UK Labour Party, where those who endorsed the so-called ‘Zero Covid strategy’, building on Australia and New Zealand as examples, advocated for border closures in the name of citizens’ protection against the virus.⁴

Covid-19 has triggered a spatial crisis on multiple

levels: during the lockdown, class, gender and racial inequalities intersected and became newly visible in terms of the space that people could or were forced to live in. Cramped spaces and spatial deprivation have been among the main factors which intensified the highly unequal impact of the pandemic. As feminist abolitionist scholar Ruth Gilmore has stressed, the state's organised violence and organised abandonment have become blatant during the pandemic.⁵ Yet, together with such a spatial crisis, we suggest, Covid-19 has also been a crisis of borders. Indeed, in March 2020, in the space of a few weeks, states introduced multiple border restrictions and people's movements were suddenly distinguished between 'essential' and 'non-essential'.⁶ In February 2021, the UK strengthened border controls by imposing two mandatory expensive Covid tests to everyone who enters the country and a hotel quarantine system for travellers coming from countries on a 'red list'. At the same time, a travel ban has been imposed on people who exit the country 'without a reasonable excuse'. The 'reasonable excuses' to leave the UK include carrying out 'activities related to buying, selling, letting or renting a residential property'.⁷

During the pandemic, borders have not simply multiplied. Most border restrictions have been conditionally or de facto unequally enforced. The borders of Covid-19 encapsulate what Balibar has defined as the function of differentiating individuals.⁸ By speaking of rebordering the world we do not, then, refer only to the re-establishment of many restrictions to freedom of movement. We use bordering here to refer to the practices of constructing, maintaining and reproducing borders and boundaries.⁹ In fact, rebordering is not only about more borders: it also concerns the enactment of class-based and racialised access to mobility. Even during the moments of strictest lockdown, mobility has never been fully stopped; rather, it has been an object of deep asymmetries and inequalities – in terms of who is allowed to travel and who can actually do it, due to the costs of mandatory tests, forced quarantines and diverted routes. These asymmetries have also concerned those who continued to be forcibly moved, as deportation flights have continued throughout Europe.

Visible borders: geopolitical rebordering

Historically, pandemics and epidemics have been moments of deep economic and geopolitical restructuring. As Alison Bashford has pointed out, 'infectious disease has been central to the political, legal and commercial history of nationalism, colonialism and internationalism, as well as to the twentieth century of a newly imagined space called "the world"'.¹⁰ In fact, the bordering mechanisms that infectious diseases have historically triggered have been not only spatial and physical frontiers, but also racialising boundaries. For instance, during the yellow fever at the end of the nineteenth century, immunity in New Orleans functioned as a criterion for redefining and strengthening modes of exploitation, exclusion and commodification of slaves.¹¹

In fact, as Foucault has retraced, the responses to diseases reveal specific regimes of power and of power transformations – leprosy: sovereign power; plague: disciplinary power; smallpox: biopower and security dispositifs.¹² The ongoing rebordering of the world should be situated within this history of contagion, health and borders and, at the same time, grasped in its specificity. Yet, Covid-19 is the first pandemic that has triggered a global lockdown. Fassin has pointed out that the current health crisis 'is not unprecedented because of the pandemic, but because of the response to the pandemic. We have had worse pandemics in the past, but we have never had one for which confinement has been imposed on a global level'.¹³

The question of how to respond to the virus has largely been framed in terms of the binaries of confinement/travel, borders/freedom of movement, economy/health. Borders become tied to a neoliberal discourse of circulation, while the claims of health have been underpinned by an imaginary of protection, voluntary confinement, rights restrictions and emergency measures. Carlo Caduff asks how such interventions and lockdowns have become so widespread globally and argues that '[t]he locked-country approach seemed to obviate the necessity of justifying a differentiated strategy that might have looked unequal and unfair and that might have intensified social and political conflicts along multiple internal fractures and fault lines'.¹⁴ Caduff's attempt to formulate a transversal critique has been a rare

intervention, particularly as many scholars and activists urged against delaying lockdowns and demanded border closures in the UK. Much of the discourse on the left was formulated as demands for more or total restrictions in the name of protection, a call to render borders impermeable (for the virus): the more we close borders and restrict mobility, the argument goes, the more we regain control over the global health threat.

Borders can never be made impermeable, however, and the discourses of stopping movement versus neoliberal circulations obscured the intensification and multiplication of racialised and class-based bordering. More recently, scholars have drawn attention to how responses to Covid-19 'have relied heavily on border management and borders being rapidly reinvigorated as a key strategy to contain the virus'.¹⁵ Borders were not only reactivated or reinforced at the state borders, but also at a whole series of levels, from the household to the city and the region. This happened despite World Health Organisation advice against travel and trade restrictions. In fact, borders have never been completely closed in Europe, even as restrictions on movement have been implemented in the Schengen area and the UK. Rather, different filtering mechanisms were brought to bear upon non-EU populations. In the EU, the initial travel 'ban' applied to non-EU countries and the new category of 'non-essential' travel.

The distinction 'essential'/'non-essential' differentiated not only social behaviour, but also movement across borders. As the 2020 harvest season was about to start, masses of seasonal workers were brought to EU countries. In April and May 2020, about 40,000 seasonal workers, mainly from Romania, were brought to Germany on special charter flights. If the category of 'essential' has applied to different forms of work throughout the pandemic, this was not the case for intimacy. Family and personal relations were subjected to border restrictions and subsequently to different practices of filtering and increased border surveillance. In the Netherlands, for instance, long-distance relationships can become exempted from the travel ban, but only under certain conditions of intensified policing of intimacy:

You and your partner have been in a relationship for at least 3 months. Before the entry ban came into force due to coronavirus, you saw each other within your relationship at least twice in person. For example, during a stay at a house or a hotel. Or once for a period of at least 4

weeks. You have proof of this, such as airline tickets and hotel reservations.¹⁶

In the third lockdown in the UK, the language of 'essential travel' was subtly modified by 'reasonable excuse', so that work and study could be supplemented by 'property viewings'.¹⁷ In the Schengen area, property took on another meaning when restrictions applied in practice mostly to those travelling by public transport, but not those driving in private cars.¹⁸

Different bordering techniques have governed the distribution of bodies in time and space during the pandemic. Spatial separation or segregation, for instance, supplemented delays in visas and asylum applications alongside the slowing down of movement. The other boundary that emerges is between 'governable' and 'non-governable' populations. The governable are those who embrace hygienic citizenship and sanitary borders, while those deemed potentially ungovernable need to be trained into hygienic conduct and responsibility to others or forcibly compelled into the practice of hygiene. As Bashford remarked about the governing of tuberculosis, 'new powers were created for the regulation of those persistently represented as "dangerous" and ungovernable'.¹⁹ These lines that separated the governable from the ungovernable are drawn through 'the complicated play of race, space and power'.²⁰ The making of non-governable populations during the pandemic should be considered in conjunction with a politics of letting some populations die, as was the case with various vaccine campaigns – for instance, Israel not supplying vaccines to Palestinians.

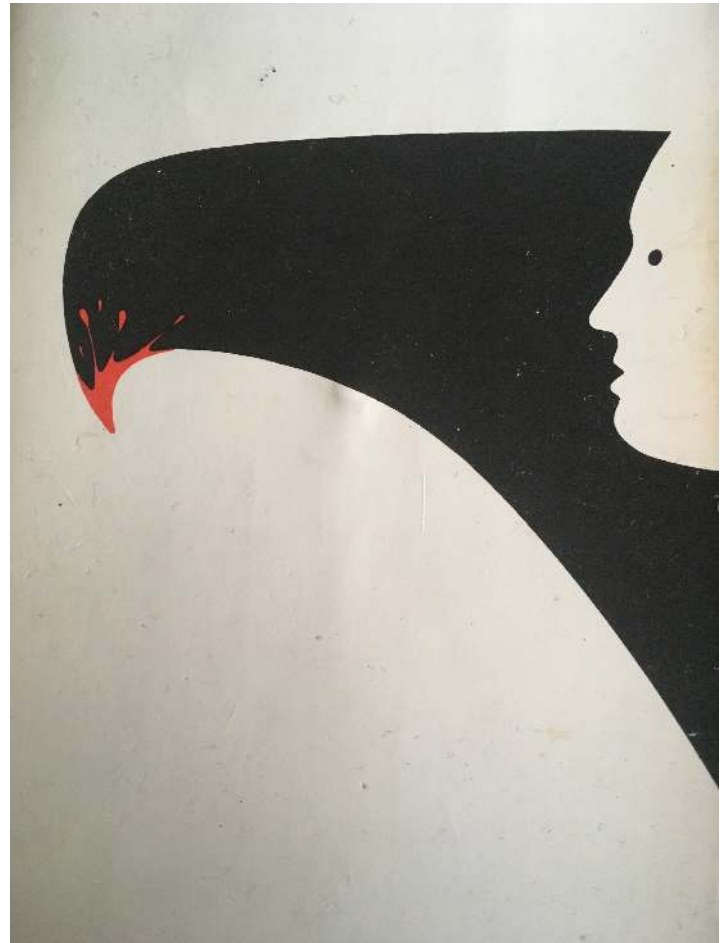
The pandemic reframed questions of rights and struggles as questions of ungovernability. Those deemed incapable of self-governing became the target of militarised measures, as in the case of the Roma in Romania, Hungary, Italy or Slovakia. Lockdowns of Roma communities were often enforced by police violence and militarised presence. As the European Roma Rights Centre notes, 'Restrictions on freedom of movement made it impossible for Roma who are day labourers or dependent on the casual economy to travel to earn money'.²¹ Internal frontiers became the new *cordons sanitaires* of Covid-19, while anti-Roma racism justified violence in these internal borderzones as limited to the ungovernable, the disorderly and the disruptive.²² In Italy, evictions from Roma camps continued throughout the pan-

demic.²³ As Caduff noted, the generalised lockdown appeared to avoid the problem of internal fractures and boundaries by presenting the image of an undifferentiated mass – or that of equal citizens able to govern the limits of their freedom. Yet, the lockdown was an archipelago of carcerality, which multiplied borderzones along both internal and external frontiers and fragmented the territorial unity of the nation state through the proliferation of local ‘red zones’. The pandemic was made governable through visible technologies of bordering and rebordering.

The ‘ungovernability of migration’ took centre stage during the global lockdown. In Europe, in April 2020, Italy and Malta closed their ports to migrants’ disembarkation by declaring them to be ‘unsafe harbours’ in Covid times. For the first time, two European states closed their borders to people seeking asylum by arguing that, due to the rate of Covid infections, they were not safe territories for migrants. Even on the mainland, tactics of migration containment have been rife. Hybrid sites of confinement and detention have been used for isolating migrants in the name of their own protection, as well as the protection of citizens. In Greece, asylum seekers have been subjected to protracted forced lockdowns in refugee camps and in hotspots, while migrants who landed in Italy or who were already on the territory and who tested positive have been transferred back to the sea, on board so-called ‘quarantine ships’.²⁴ The quarantine ships do not just isolate migrants – both those who reach Italian shores and even those who are already on the territory. They become sites of filtering and deportation.²⁵ In Northern Italy, buses have been used for isolating migrants. In fact, throughout the Covid-19 pandemic, humanitarian and security logics have been inflected by the logic of ‘confine to protect’.²⁶

However, Covid-19 did not stop, nor did it substantially decelerate, migrants’ movements. Even if in 2020 there had been an overall decline in migrants’ arrivals across the Mediterranean Sea, if we look at statistics in detail, we observe a shift in migrants’ routes rather than a sharp drop. Arrivals from the so-called central Mediterranean route (from Libya to Italy) have largely intensified, while those from the so-called Eastern Mediterranean route (via Turkey) have decreased.²⁷ But the substantial drop in arrivals from Turkey was mainly caused by political tensions between Greece and Turkey, and the

Greek government’s policy of border closure along the Northern land frontier. The key point is that the pandemic has impacted significantly on migrants’ access to international protection, due to the multiple restrictions, obstacles and temporary suspensions in accessing the asylum procedure. In fact, asylum applications in Europe were down about 31% in 2020, compared to 2019.



In the UK, deportations continued throughout the pandemic, even as the number of people being deported was inevitably smaller. For instance, while there were hardly any deportations to Afghanistan in 2020, there were hundreds of deportations to Albania in each quarter of 2020. Deportations also continued outside Europe, for instance, to Brazil. Most deportations were to France, under the Dublin Regulations, which were due to end in the UK on 31 December 2021. According to the Dublin Regulations, asylum seekers need to apply for asylum in the first safe country they reach.²⁸ The UK updated its inadmissibility criteria for asylum claims under the Dublin Regulations and recently extended the criteria to include any country that the government deems to be a

‘safe third country’ for an asylum seeker. Other countries such as France and Italy had recourse to earlier bilateral agreements to justify pushbacks at their borders. In its overview of 2020 activities, the European Border and Coast Guard Agency (Frontex) reported that it lent its support towards deportations so that ‘Member States returned over 12 000 non-EU nationals with the support of the Agency, only 24% fewer than in 2019’.²⁹

Covid-19 did not stop movement at large or make borders impermeable: rather, it intensified and multiplied the obstructions that some people face in accessing rights, protection and mobility.

Invisible heterogenous borders

The borders that have been enforced and multiplied during Covid-19 are not only geopolitical borders. One of the distinctive features of Covid-19 has been the heterogeneity of bordering mechanisms that have proliferated at different scales and across multiple sites: urban borders, social boundaries, regional and zonal borders, and hygienic borders. Such heterogeneity of bordering technologies sheds light onto the uneven spatial management of the pandemic. For instance, while in some countries – such as Italy – the lockdown has been implemented on a regional or even urban scale, in other countries it has been enforced in a more homogenous way. Overall, apart from country-by-country specificities, the pandemic has fragmented the space of the nation state, multiplying borders and bordering mechanisms within and across cities and regions.

Urban borders. The space of the city has been crisscrossed by invisible racialised and class-based boundaries. Indeed, the lockdown measures and the injunction to ‘stay at home’ have strengthened deep social and economic inequalities in the urban context. In London, the rate of infection peaked in the ‘Covid triangle’³⁰ formed by the councils of Barking and Dagenham, Barking and Newham, where a high number of the population are ‘essential workers’ and, therefore, cannot work from home. The forced hyper-exposure to the virus and the cramped living conditions contributed to rendering that area a Covid hub. In many cities across Europe class-based boundaries have multiplied as a result of housing conditions, and unequal access to ‘smart work’.

Regional/zonal borders. In April 2021, the Italian gov-

ernment announced a plan to gradually re-open the country after the lockdown and to loosen mobility restrictions. As part of the plan, the government will introduce a special pass to allow (some) people to move across regions. In fact, to date the mobility across the country is subjected to multiple restrictions that differ from region to region, according to a three-colour emergency system (yellow, orange and red). Such a regional-based Covid management was introduced last year to differentiate restrictions on the basis of infection rate and places available in hospitals. In the space of a few weeks, regional and local borders have fragmented and interrupted people’s mobility – even if never fully stopping it.

Hygienic borders. During his New Year’s message, last year Boris Johnson argued that ‘for the first time, politicians taught citizens how and how often they should wash their hands’. Overall, the pandemic has enhanced another shift: bordering mechanisms and modes of governing have been structured around a hygienic-sanitary rationale.³¹ That is, many border enforcement measures and restrictions to freedom of movement have been enacted and justified on the basis of hygienic reasons. In fact, public health claims have been conflated with and superseded by hygienic-sanitary norms which consist in a series of gestures: wash your hands, wear masks, maintain ‘social’ distance from each other. As Robert Castel highlighted in his genealogy of the hygienic-sanitary rationale, the latter had been mobilised to legitimise the introduction of ‘social medicine’,³² meaning by that medicine whose main purpose was to control ‘the health and the bodies of the needy classes, to make them more fit for labour and less dangerous to the wealthy classes’.³³ Hygienic-sanitary borders are nowadays accepted in the name of the fight against a ‘global health threat’. In fact, it could be argued that hygienic borders consist in the disciplining and enjoining of certain gestures that people are expected to repeat during the day. By hygienic-sanitary borders we refer to bordering mechanisms which introduce or multiply exclusionary processes grounded on hygienic rules that individuals are expected to follow. Indeed, hygienic borders are enforced on an individual basis – since everyone is expected to act responsibly – and, at once, they influence and alter social relationships. That is, hygienic borders often also become borders among individuals insofar as, first, they essentially

consist in keeping a distance between individuals and, second, because they generate asymmetries when some do comply with them and others do not.

Social bordering: the simultaneity of mobility restrictions, hygienic borders and unequal urban boundaries has multiplied mechanisms of social bordering, strengthening some already in place and also enacting some along new lines. In some contexts the restrictions on sociality and movement imposed by state authorities have been internalised by citizens to the point that their compliance has been guaranteed by the widespread practices of peer-to-peer surveillance. By peer-to-peer surveillance we refer to the daily practices of control and monitoring exercised by citizens over other citizens. The ‘active engagement of individuals in their own surveillance’ has been key to the acceptability of borders and control.³⁴ For instance, during the first lockdown in Italy, people have been reported to the police or filmed by their neighbours while they were infringing the Covid-19 restrictions by walking in the street ‘for no essential reason’. Peer-to-peer surveillance has progressively consolidated into a social bordering practice.

A common denominator of these heterogeneous borders and bordering mechanisms is that they have been enacted and justified in the name of the ‘common good’; that is, in the name of the common fight against a global health threat. Yet we would question the widespread acceptance of these multiple rebordering processes and the binary opposition between rights to mobility, on the one side, and struggles for common good, on the other. To put it in Foucault’s terms, upon which conditions has this configuration of power turned out to be acceptable?³⁵ Moreover, how can we disrupt such widespread acceptability of bordering technologies? Caduff highlights how difficult, or even impossible, critique has become in countries like Brazil, the UK or the US, where such critical diagnosis is seen ‘as playing into the hands of Trump, Johnson, and Bolsonaro, political figures who seem unconcerned with public health and staggering inequalities that afflict our world’.³⁶

This is partly due to how freedoms and struggles have been isolated, and how the loss of rights has been rendered as temporary and limited to a present to be superseded by an imaginary future of health and rights. The separation between a present of lack of rights and a future of regained freedoms has also been reiterated

geopolitically. A prominent voice in the Covid-19 debates in the UK stated that ‘Once richer countries such as the UK have handled and controlled their domestic problem, they must support less well-off countries in their efforts to vaccinate their populations’.³⁷ The relegation to the future – rather than past – of the majority of world populations obscures their exclusions from the common struggles over the present.

Holding together in the present: health and border struggles

The mobilisations of the global feminist movement *Ni Una Menos* have been characterised by a focus on the connections between different forms of violence: gender violence, border violence and state violence. During the first lockdown in 2020, *Ni Una Menos Italy (Non una di Meno)* insisted on the mutual connections between social reproduction, unequal access to health and border violence. Freedom of movement, they contended, should be at the core of any discussion about social reproduction, and Covid-19 has exposed the extent to which ‘food distribution is dependent on migrant workers’. They argue that ‘the same border regime which kills women and men confronts us with the constitutive nexus between freedom of movement and conditions of social reproduction’. The pandemic makes clear that ‘freedom of movement should be at the centre of our struggles for an equal access to welfare, rights and income’.³⁸

A year later, during the global feminist strike on 8 March 2021, the connections between struggles for the right to healthcare and struggles against borders have been reiterated further by *Non Una di Meno* as key claims in Covid times. In so doing, *Non Una di Meno* draws attention to the multiple bordering mechanisms which have been strengthened during the pandemic, while positing claims for freedom of movement and for equal access to health as struggles to be carried out jointly. Importantly, *Non Una di Meno* has foregrounded how racialised border restrictions regulate the conditions for social reproduction and, at the same time, make (some) people die, for instance by forcing migrants to travel along unsafe routes and by exposing some to unsafe environments during the pandemic.

As we have shown, the binary opposition between freedom of movement and health has underpinned the

debate about border restrictions and has been one of the reasons for the absence of critique directed towards the rebordering of the world. Such an ethical and political impasse has, however, been unsettled by the abolitionist movement which makes claims for freedom of movement as a part of struggles for racial justice and against mass incarceration.³⁹ Feminist abolitionist scholars have drawn attention to the unequal and racialised access to health systems and, at the same time, have highlighted the multiplication of confinement and detention practices, often justified in the name of protection. As Angela Davis has notably stressed, an abolitionist perspective frames struggles for freedom as the overarching umbrella for different kinds of struggles – including gender struggles, anti-detention struggles and antiracist mobilisations.⁴⁰ Mobilising abolitionism as a method enables, we contend, elaborating struggles for freedom of movement outside of a liberal framework. This latter ultimately replicates individualist claims – ‘I want back my unrestricted freedom of movement’ – and does not question either the global inequalities in the right to mobility nor the links between ‘the mobility of capital and the mobility of labour’.⁴¹

The current geopolitical struggle over vaccines and the rise of ‘vaccine nationalisms’ further complicate the discussion over freedom of movement in pandemic times. Indeed, the sheer asymmetries in vaccine distribution which happen in conjunction with the multiplication of borders foreground the importance of not disjoining struggles for freedom of movement and claims for an equal access to public health. In fact, the pandemic should be seized as an opportunity for radically rethinking health, care and the public health system, as well as patents and intellectual property which have become key to the vaccine’s unequal borders. Mobility restrictions and bordering mechanisms have been justified on the basis of a blackmailing principle that posits mobility and health as in opposition to each other: if people do move, the argument goes, and in particular if they move for ‘non-essential reasons’, this would be detrimental to public health. Hence, a critique of Covid-19’s borders, we suggest, could take as a starting point the need to hold together struggles for freedom of movement and social justice claims.

If Covid-19 has been a moment of rebordering of the world and in which racial and class inequalities

have blatantly emerged or re-appeared through spatial deprivation, the possibility for critique in Covid-19 times is connected with the undoing of racialised bordering technologies. The struggle over the borders of Covid-19 is not only a spatial one. In fact, the tacit acceptance of bordering mechanisms is reinforced by the argument that giving up on freedom of movement might be necessary to ensure citizens’ safety in the pandemic. Following that argument, restrictions to mobility should come first, as anytime in the future could be too late for fighting the pandemic. Against this logic, struggles against spatial confinement need to be intertwined with a radical questioning of the temporality of ‘incompatible priorities’ between freedom of movement and health. Freedoms relegated to an indefinite future only reinforce a present of inequality and injustice.

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Notes

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