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Toward global citizenship? People (de)bordering their lives during COVID-19 in Latin America and Europe

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ABSTRACT

The COVID-19 pandemic highlighted global interdependencies, accompanied by widespread calls for worldwide cooperation against a virus that knows no borders, but responses were led largely separately by national governments. In this tension between aspiration and reality, people began to grapple with how their own lives were affected by the global nature of the pandemic. In this article, based on 493 qualitative interviews conducted between 2020 and 2021, we explore how people in Argentina, Austria, Bolivia, Ecuador, Ireland, Italy and Mexico experienced, coped with and navigated the global nature of the pandemic. In dialogue with debates about the parameters of the 'global' in global health, we focus on what we call people's everyday (de)bordering practices to examine how they negotiated (dis)connections between 'us' and 'them' during the pandemic. Our interviewees' reactions moved from national containment to an increasing focus on people's unequal socio-spatial situatedness. Eventually, they began to (de)border their lives beyond national lines of division and to describe a new normal: a growing awareness of global connectedness and a desire for global citizenship. This newfound sense of global interrelatedness could signal support for and encourage transnational political action in times of crises.

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Introduction

In early 2020, WHO Director Tedros Adhanom declared that the coronavirus was a test of global solidarity. The COVID-19 pandemic highlighted our interdependence on a global scale (Reid et al., 2021), and there were widespread calls for the world to work together against a virus that knew no borders. However, responses were led largely separately by national governments: they decided when, where and how to take action to combat the pandemic. They were at the forefront of

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procuring medicines, medical supplies and protective equipment (IMF, 2021; UN, 2021a; World Bank, 2022) and were often ultimately accused of ‘vaccine nationalism’ (e.g. Aradau & Tazzioli, 2021). There was a stark contrast between the claim that COVID-19 must unite the world and the atomised responses of national governments. In the midst of this gap between aspiration and reality, people faced a global threat amid the everyday concerns and tasks in their lives. They began to grapple with how global interdependencies affected their own lives, both in relation to and in spite of socio-political and geographical borders. Against this backdrop, we ask: how did people experience, cope with and navigate the global nature of the pandemic?

Drawing on 493 qualitative interviews carried out between April 2020 and November 2021 in Argentina, Austria, Bolivia, Ecuador, Ireland, Italy and Mexico, we explore how people dealt with the global nature of the COVID-19 pandemic. The global, as we understand it, refers to people’s notions of (global) connections and distances to others on a daily basis. Based on the discussion of what is global in global health, we integrate an expanded notion of the concept of bordering. Health issues that are of cross-border significance are unequally distributed, responded to and addressed. In other words, the dynamics between people, governments, institutions, networks and regions are embedded in historical contexts of power relations and inequalities (cf. Beaglehole & Bonita, 2010, p. 1; Kalmus Elias, 2018; King & Koski, 2020; Koplan et al., 2009, p. 1993; Fried et al. 2010; Turcotte-Tremblay et al., 2020). Considering these unequal socio-spatial configurations allows us to point to ongoing challenges to global health. More specifically, it allows us to highlight how the aim of global health to promote conditions in which all people can be healthy exists in tension with persistent processes of othering in everyday life. These processes date back at least to the colonial period, when colonial administrations imposed their own medical institutions (and knowledge) on indigenous populations. While experimenting with modern medicine, they aimed not only to minimise but moreover eradicate indigenous medical beliefs (Affun-Adegbulu & Adegbulu, 2020, p. 2; cf. Holst, 2020; Hommes et al., 2021). Against this backdrop, we draw attention to the ways in which people identify with or demarcate themselves from others in their lives. We extend the term bordering, which has typically been used to describe state and institutionalised dynamics that often reinforce national borders, to introduce the notion of people’s everyday (de)bordering practices and grasp how people negotiate lines of division between ‘us’ and ‘them’ in their everyday lives.

The article is organised as follows: opening with a discussion of how the global is defined in light of the troubled history of the field of global health, we introduce the concept of bordering for understanding the spatial configurations of global health. We then trace how participants’ responses moved from national containment to cross-border thinking to perceiving the global interrelatedness that the pandemic exposed. We discuss how a shift in people’s perceptions took place from the period April–November 2020 to the period July–November 2021. First, we show that people’s reactions moved from national containment to an increasing focus on describing inequalities stemming from people’s socio-spatial situatedness. Second, we illustrate how people began to deborder their lives beyond national lines of division and to describe a new normal: a growing awareness of global interrelatedness. Our interviewees perceive the global through their experiences of socio-spatial situatedness, cross-border inequalities and global (dis)connectedness. Their everyday practices of (de)bordering, moreover, reveal existing transnational practices of citizenship and a wish to strengthen global dimensions of citizenship in times of crises.

Borders, bordering and rebordering during COVID-19

The ways in which global health is embedded in histories of glaring inequalities (King, 2002, p. 765; Koplan et al., 2009; Merson et al., 2006) also affect its spatial configurations. The very terms ‘global’ and ‘public’ continue to be shaped by uneven socio-spatial imaginaries, leading scholars to continue asking: ‘What is [the] global in global health?’ (Chen et al., 2020, p. 3; Koplan et al., 2009, p. 1994). Examining the spatial configurations of global health requires sensitivity to postcolonial, national

and regional borders. While postcolonial divisions continue to play out through processes of othering, as described above, some scholars have argued that nationalism has diminished since the 1960s. While global health cooperation was previously dominated by state actors, networks of public, private and non-state actors then gained importance in the field (IOM, 1997, cited in King, 2002). Yet, the COVID-19 pandemic has renewed a focus on nation–state dynamics; it served as a reminder of how durable territorial borders are in a seemingly debordered world (Aradau & Tazzioli, 2021; Böhm, 2021; De Genova, 2022; Lara-Valencia & Laine, 2022; Opiłowska, 2021; Tazzioli, 2021). Nationalist responses to the pandemic that reinforced territorial borders worked against both European integration and cross-border and global cooperation (Bieber, 2022; Nossem, 2020; Wassenberg, 2020; Weber, 2022).

The concepts of borders, bordering and rebordering are crucial tools for understanding recent global dynamics in global health. Borders are commonly understood as spatial divisions associated with physical ordering processes, such as toll gates, iron curtains, passport controls or geopolitical lines on maps. Beyond national divisions, however, borders have been understood as socially constructed boundaries at, between and across diverse scales (Persdotter et al., 2021, p. 96). As such, they are tools with specific social intentions related to security, separation and protection from threats that have concrete consequences (Yuval-Davis et al., 2019). Bordering practices help to highlight the social processes through which multiple forms of demarcation have taken place in the COVID-19 pandemic.

‘Bordering’ has been used as a lens to understand practices beyond nation states’ territorial boundaries, such as in the determination of who gets rescued (Ferhani & Rushton, 2020). The term bordering includes practices that take place across diverse social institutions such as hospitals, churches, social service facilities and magistrates. Yuval-Davis et al. (2019) argue that these ‘everyday borderings’ maintain the social order by engaging formal citizens in border-guarding practices that solidify the exclusion of non-citizens: ‘Any place has become a borderland; and borderlands can no longer be determined exclusively in relation to specific territories and states’ (Yuval-Davis et al., 2019, p. 17; cf. Cassidy, 2019). In this paper, we extend the notion of ‘everyday bordering’ to analyse people’s practices, experiences and perceptions in a wider context of territorial, institutional and global dynamics of inequality. We trace what we propose to call people’s everyday practices of (de)bordering when they connect to, or distance themselves from, others during the pandemic.

Methods

In this article, we analyse 493 semi-structured qualitative interviews conducted during the first 2 years of the pandemic in Argentina, Austria, Bolivia, Ecuador, Ireland, Italy and Mexico. The Solidarity in Times of a Pandemic consortia had been shaped in two major world regions (Western Europe and Latin America) which form a sort of contrast in terms of Global North versus South. Within the two regions, the countries included reflect historical, social, political, and geographical diversity within and across the regions. What is powerful in terms of our findings is that, despite differences within and across these often or typically very polarised regions, we saw very similar and shared discourses of the global.

We gathered these interviews as part of a qualitative, longitudinal and multinational study titled Solidarity in Times of a Pandemic, or SolPan(+) as an acronym, which examined how people coped with the pandemic, how they responded to policies and how they acted on their own initiatives to confront it (cf. Prainsack, 2020; Radhuber & Jasser, 2021; Wagenaar et al., 2022; Zimmermann et al., 2022). The European SolPan consortium, composed of ten European countries, formed in March 2020 and conducted interviews in April 2020 and October 2020 (an additional third round of interviews took place in Italy in June 2021). The Latin American SolPan+ sister consortium, composed of 12 Latin American countries, was formed in May 2020 and conducted interviews between July and November 2020 and 2021, respectively.

We recruited participants through online advertisements on university websites, social media networks and through snowball sampling. Attention was given to a range of different demographic criteria, including age (>18), gender, income, household structure, geographic area, ethnicity, education and employment conditions. Interviews ranged on average from 30 to 80 minutes in length, were conducted in the official language of the countries involved and included oral informed consent for participation. They were recorded on a digital recorder or using a GDPR-compliant video chat recorder; only audio material was stored, transcribed and subsequently pseudonymized. The study received ethics approval from the University of Vienna, the University College Dublin and the Universidad San Francisco de Quito.

Following a Constructivist Grounded Theory Approach (Charmaz, 2014; Glaser & Strauss, 1967), we coded the interviews using coding schemes that we inductively generated within the SolPan(+) consortia. We coded the interviews according to a four-eyes principle, meaning that coding was completed and cross-checked for consistency by a second researcher. For a context-sensitive approach, we adapted interview guides, code books and demographics to the respective contexts in SolPan Europe (SolPan, 2021a, 2021b) and SolPan+ Latin America (SolPan+, 2021a, 2021b, 2021c, 2021d, 2022). Moreover, we adapted interview guides and code books in the second and third rounds of interviews according to relevant themes and challenges of those time periods.

For this paper, we extracted relevant text passages related to global, regional and specific country contexts via the ATLAS.ti query function. Additionally, we reviewed references to transnational aid and to changes in attitudes towards life, and we searched keywords such as 'borders' to extract the most relevant data. In the text that follows, we reference quotes with abbreviated interview codes so that the reader can identify the respective period of the interview, the participant's country of residence and the interview itself. The abbreviations include the following information: the round of interviews, T1 or T2 (or T3 for the third round of interviews done in Italy); the initials of the interviewer; and the number of his or her interview.

People's dual processes of bordering and debordering their lives during COVID-19

Initial responses: National containment of SARS-CoV-2

In the early phases of the pandemic, our interviewees perceived COVID-19 as a Chinese problem, albeit quickly spreading to Europe and to the rest of the world. People delimited themselves and bordered their lives along national lines of division and sometimes also along social fault lines.

Participants initially assumed that COVID-19 would remain confined to China, recalling other epidemics that had occurred in that country:

The truth is that the first time I heard about it, I didn't give it importance. I thought it was going to be localised. I thought it was just going to be in Asia as had happened in some other epidemics. (T1 AR VS01)

Participants described that they initially underestimated or did not pay attention to the COVID-19 outbreak, as they perceived it as something distant that did not directly concern them: 'At first, to be honest, it felt very distant. It felt like this is something in a faraway geographic location' (T1 IE FOK4). Another person stated, 'I wasn't aware or it hadn't occurred to me that it was going to become global, no, a pandemic on that scale' (T1 BO CM02).

Many participants described their astonishment when they realised that COVID-19 was not a specifically local phenomenon limited to China but a global one. Participants reported that their perception changed, and they realised COVID-19 was a global phenomenon as soon as it reached Europe, in particular Italy. This shift in perception was shared among most interviews across all countries we looked at.

Because when it reached Italy and we saw all the stuff in Italy, then we just said ok, this is now no longer something that could happen, this is something that will happen. (T1 IE SA02)

Another participant in Latin America shared similar concerns, noting that if the situation in Europe was so bad, that they should expect things to be even worse in their countries:

When we heard about the coronavirus, we had the hope that in the more developed countries – well, as in other cases of Ebola and so on – it would have been controlled in a sector and that it would not have spread with the magnitude that the coronavirus did. So, when we saw it closer, our first reaction was one of fear, and after that, like good scientists, [our reaction was] one of training and information. (T1 BO MJ04)

People felt that the virus should have been contained at the national level. Some criticised a lack of transparency from Chinese authorities, which they felt would have allowed for the timely closure of borders and possibly controlling the spread of SARS-CoV-2. Another participant stated, ‘Actually, they [the Italian authorities] should have closed much, much earlier. If they saw what was happening, they should have closed the borders earlier. Instead, they closed too late’ (T1 IT IG07).

Our participants wanted to prevent SARS-CoV-2 from entering their own lives, and closing the borders seemed to them to be the most appropriate means of achieving this. Many advocated for closing national borders and criticised their inadequate closure. Irish participants, for example, were particularly critical about the fact that, while an important rugby match with Italy in the initial phases of the pandemic was cancelled, the border was not closed, and Italian fans were allowed to land in Ireland anyway. Nonetheless, they were cognizant of the xenophobic tones of their concerns:

Probably that if they shut the borders, if they shut them just to Italians, it would look xenophobic, like there was probably too difficult a decision, but they shouldn’t have – like [people were] coming from a highly infected country at that stage – let so many Italians in. (T1 IE TB01)

Some participants also advocated closing internal, regional borders: ‘At least block the regions where there is so much infection. First thing is to close the borders’ (T2 IT IG06).

Moreover, people also began to draw new boundaries in their personal lives. One such example was found in upper- and middle-class Latin American families, which commonly employ domestic workers from working-class, peasant, or indigenous backgrounds. These families were confronted with hitherto unknown decisions and dilemmas: they suddenly faced new anxieties about the presence of their employees as they sought to protect the borders of their own homes from viral invasions. They had to make decisions about how to maintain their domestic workers and services during the pandemic against the backdrop of the precarious situation of domestic workers, who are often informally employed, did not have access to government support and in many cases relied on the support of their informal employers. This dilemma illuminated how associations between infection and social divisions along the lines of race and class became apparent.

Despite this initial focus on national, regional and personal borders, some also pointed to undesirable dynamics that followed national border closures; those who lived in places with very strict curfews, for example, described how they felt persecuted by the military who had been put in charge of enforcing closure measures issued by the state:

After the borders were closed and the [infection] peaks were very high, here in Bolivia we had hunting ... curfew until a certain time, and the military would go out into the streets, and if they saw you outside the house, they would chase you. There are images that back this up, that they were chasing. There were people running and behind them the military. It’s something unreal and gives me that image of hunting, of chasing. (T1 BO IR02)

While such comments were rare in the early months of the pandemic, there were also two Argentine interviewees who spoke out against the closure of national borders during the pandemic, stating that this was contrary to the Latin American mentality: ‘I am very Latin Americanist, and I would never close the borders, not at all’ (T1 AR CA02). Another evoked the irony between narratives of a global community while individual national borders were fortified: ‘With the pandemic there was a lot of talk about a global world and a global village, but the only thing that was seen was how countries and states were consolidated, borders were closed’ (T1 AR BG02).

In the early stages of COVID-19, people positioned themselves within national divides. They also thought about people from their country living abroad. One Mexican participant, for example, was concerned about migrants in the United States:

There are ... millions of '*compatriotas*' [fellow countrymen] there, and we don't know how they are, so I think that's what we are most alarmed about on this side. (T1 MX HP04)

But national border thinking was also critically reflected upon, especially with regard to the inadequate addressing of inequalities that exist between national contexts. One Italian participant expressed concern about the deepening gap between rich and poor countries, which would not be easily remedied:

The wealthy countries will be much less damaged than the poor, developing countries. And I think there will be resentment because of them. I think already we are seeing, within Europe, we are seeing wealthy countries not wishing to support the less wealthy countries, and at a global level ... I think there will be repercussions, and I think poorer countries will take a long time to forgive the wealthier countries who didn't help them at the time they needed it. (T1 IE IG01)

As the limits of national demarcations to contain SARS-CoV-2 became more of an issue, people slowly began to shift their focus to the connections between states (and later to the connections between people across national boundaries). A participant in Ireland, originally from an African country, thought that the pandemic was an opportunity for African countries to network with each other:

It was amazing that it took something like coronavirus to unite the world that way, especially to unite Africa that way, 'cause African countries are very individual and we hardly collaborate with other countries within Africa ... So now, Corona just shows us, no, you don't have to move outside your bedroom for you to have a conference event with people from Africa, or to get African people to connect with the American people. (T1 IE TB02)

A shift in focus from national actors to the dimensions of people's lives across borders was also evident in a quote by a Mexican participant. They reported their shock at the situation of people elsewhere, noting:

We see Dantesque pictures, like in June in Ecuador where people were ... really heart-breaking to see that people died at home and the bodies were abandoned in the streets, that the bodies were abandoned at the foot of the gates of the cemeteries because the government did not have the capacity to contain nor to solve it. (T1 MX CG02)

When people realised that COVID-19 would not remain a localised phenomenon, they initially focused their attention on national, regional, and personal borders to protect their own lives from SARS-CoV-2. As the pandemic progressed, however, national demarcations proved insufficient to contain the virus, and people began to perceive disparities across national borders.

Moving beyond national lines of division

The COVID-19 pandemic represented a unique period in which people began to increasingly experience and become aware of the role of national borders. As the pandemic endured, our participants began to think more and more about the realities of people's lives beyond national borders. They began to compare their situations and relate their lives to others. Strikingly, this comparison or connection with people was done through the lens of intersecting inequalities experienced from either more or less privileged positions.

Some participants reported being personally affected by national border closures. Particularly, participants with connections in other countries shared their discomfort about not being able to join or be joined by their loved ones for the foreseeable future. This was the case across countries for several participants who repeatedly had to cancel visits to their families or of others with family

members who, for one reason or another, got stuck in other countries. As an Austrian participant noted,

No one can get out [of Thailand] ... My son has been there since February, and if he wants to get out, he has to be in a state quarantine for 14 days when he comes back. In a government quarantine! He can't go to his flat! (T2 AT IR01)

People were concerned that their *compatriotas*, and people of other nationalities in general, were not receiving adequate support outside their own countries during global health and environmental crises.

My mother always told me, she says, 'today for you, tomorrow for me.' She says, 'we all have needs at some point in time, and we have to look after our *compatriotas*, right?' In these moments of the pandemic, because we see with great sadness and we see so many natural disasters that are happening all the time, every year in the country, and we see it now with the migrants that come from faraway places, right? Like the Haitians that have gone to South America and come from South America to Mexico, and unfortunately, we find that they are mistreated instead of being helped. (T2 MX CG02)

Another Mexican interviewee expressed concern about migrants and asylum seekers from Central and South America and pointed to discrimination against certain groups outside their countries:

The [Mexican] State really, really responded well to the migrants, supporting them, giving them a place to sleep, a place to eat, medicines, work ... in that regard, the state responded very well. Yet, in the line we formed to cross [the border] to the United States ... it seemed like we were at war: [the line was] full of soldiers, and the buses, yes, to not let the Haitians pass. It was very, very, very sad. That's over ... It [the check point] has been removed. (T2 MX ER01)

As personal discomfort about border closures and concern that people outside their own country were not receiving adequate support were expressed, the limits of national border thinking slowly became apparent. Institutionalised bordering practices were also critically reflected upon, such as the role of the military controlling migration at the Mexican-U.S. border that exacerbated territorially defined tensions around migration, social inequalities and the need for control triggered by the pandemic. People complained that nationally divided politics would hinder the formation of some kind of common interest. Participants noted that instead of working together, governments continued to fight one another and largely only looked out for themselves:

I don't see in any of the countries, that in one way or another are getting out of this pandemic, an interest of [a common] kind. On the contrary, those who are coming out of it, and maybe those who are allying themselves with someone else, are always doing it in opposition, that is, Europe has to be stronger because ... if not, the Chinese will 'eat us', ah, well. So [laughs] in short, yes, it is a defensive union and a union of opportunities, not of ideals. (T2 IT PC09)

Participants drew attention to power differentials that stood in the way of common interests in general and the collaboration between governments in particular. A participant in Mexico criticised the lack of foresight by their government in donating ventilators to China, without anticipating that they would also need them to care for their own people when the pandemic hit Mexico (T1 MX JC01). Participants in Argentina insisted on the need for reciprocal help among countries, with assistance being extended to worse off countries first:

I think that, in any case, Argentina at the moment, I don't know if it is in a position to provide help, in an economic sense definitely not, help with professionals, we are already at the limit of exhaustion with our professionals also, help with supplies ... and I wouldn't know if ... I also thought that we are, if we have not reached the point of collapse, I think we are at the limit in many situations ... but it seems to me that at the moment, we would not be in a position to help anyone, but rather to receive. (T1 AR JM03)

Another Argentinian interviewee felt that aid should go to those most in need and reflected: 'I don't know if there are countries that are worse off than us' (T1 AR JM01).

Latin American participants placed themselves on a spectrum from weak to strong when they connected with people in other countries. Several respondents, for example, related to 'more

powerful' countries, explaining how health inequalities affected them negatively. Respondents were particularly vocal about the limited availability of vaccines in their countries compared to others, as reflected by this Argentine interlocutor:

And I see that no, because there are a lot of countries in the world that don't have vaccines, and there are a lot that have more than they need, and I also don't see that the laboratories have released all the patents so that everyone is saved, instead it is a business. (T2 AR VP02)

People experienced their positionality primarily in the context of health inequalities, such as vaccine distribution and what type of vaccine was available in different regions. One sentiment that was shared across European and Latin American countries was scepticism about vaccines from Russia and China. While uneven vaccine distribution was attributed primarily to global health inequities, a participant from Ecuador also said that their country had failed to accumulate a sufficient stockpile of vaccines due to a lack of educational and organisational capacities. Other Mexican interviewees were concerned about less privileged regions in Central America; while pointing to recent vaccine donations from the United States, they wondered whether it was possible to produce vaccines in Latin America (cf. United Nations, 2021b).

Participants underscored how health disparities in terms of vaccine distribution also affect educational opportunities. As highlighted by a Mexican interlocutor with strong ties to the U.S.:

And in relation to those from the United States, they, those [U.S. students] who are in university still study online; three days they study online, and two days they go to the university ... but they already have an advantage ... they already have the third vaccine ... the reinforcement. They are already on the third! (T2 MX ER01)

Our interviews show that healthcare disparities rarely occur in isolation but are also linked to other effects such as educational disparities and economic downturns. A participant from Mexico contrasted the economic situation with a place like England because of its lockdown policies, noting that 'if we do not work, if the country does not move, it will simply collapse' (T2 MX LC01). Many participants in Latin America were particularly worried about the disproportionate economic consequences that the pandemic would bring for them:

The other pandemic, the economic crisis, is terrible. It is very slow for countries that do not have ... the means of production ... countries that depend a lot ... on loans, a lot on the decisions made by the great powers, so I see very critical days ahead, where we will probably not die of COVID, but of hunger. (T1 EC NA01)

While most participants were sensitive to the unequal health and economic challenges affecting world regions, one participant in Italy referred to deaths in 'Third World' countries as unimportant: 'I mean, let's go to India, let's go to Africa – they're not productive people. As a result, if some die, whatever. Let's put them in the queue. That's how I see it' (T3 IT IG02). This brutally racist response was an outlier but is a reminder of how racist and colonial ideologies continue to affect public opinions of loss during the pandemic.

Respondents from European countries were much more likely to express widespread concern about the disproportionate impact of the pandemic in other regions of the world and the need to collaborate across borders in times of crisis. While Italian and Irish participants were particularly vocal about these concerns, an Austrian interviewee also expressed the concern about increasing privilege for some:

I could imagine that this might even have negative consequences, because the quasi-rich and more developed, whatever that means, that is, economically more developed, will protect themselves even more, segregate themselves, isolate themselves, and let the others be. (T3 AT DD04)

In short, as the pandemic advanced, people found that it was difficult to identify a common interest when thinking about and acting within strictly national terms. People began to relate to others *across* borders (relations that were sometimes steeped in colonial notions and in rare cases even racist ideologies). They situated themselves along a spectrum of intersecting health, educational and economic inequalities, showing that health inequalities have repercussions such as unequal

educational opportunities and uneven economic impacts. In the next section, we will show how this perceived relatedness led people to connect with others beyond national borders and how the pandemic reconnected disparate places around the world.

From North–South divisions to global interrelatedness

Eventually, people became aware of the living situations of others across borders and felt increasingly connected to them. They started to worry not only about those with whom they shared nationality but also about the situation in other countries. Many reported receiving or actively seeking information through their networks in other countries and also receiving enquiries from contacts abroad, such as one participant in Italy who noted, ‘I have a friend in Mexico, she lives in Mexico, we talk from time to time, and the situation there is devastating, as it is devastating in Brazil, where I have other friends’ (T2 IT IG02).

As people related to others who lived in distant places, some referred to North–South divides. Participants from European countries spoke of the greater burden in the Global South and criticised the feelings of mere ‘inconvenience’ in Europe as compared to people living in far more precarious situations:

The concern ... of the mask, but then, eh ... you never wondered how many died in Syria? Because then, I mean, you make these comparisons. But have you ever bothered to say that there was something worse over there, and even in the COVID period, these poor people, who didn’t have the possibility to protect themselves, apart from dying in the war ... who also died, who always died ... Those who pay the price are the poor people, right? (T2 IT IG02)

In this regard, one participant in Ireland described the issues related to the pandemic as a ‘First World problem’, by which the participant meant that in other parts of the world, the pandemic was just one further challenge to be added to many. They noted that the resistance to pandemic policies in the global North was exaggerated. Moreover, it was inappropriate to respond to the pandemic as if it were a singular threat in a situation of generalised welfare:

You know, in the African countries, with whatever war or other types of diseases, I mean it’s not ... you know, I don’t want to lose perspective of it, either. Look, it is a couple of months, we are going to get through it. It is not nice now, but at the end, if we are healthy, we have food, we have shelter, we have a job, we are paid. It is a bit like first world problems, really. (T2 IE OK04)

Participants in Latin America referred to the Global North as the region where conflicts occurred because people were unwilling to be vaccinated or to follow recommended measures. They also noted the irony between countries where people refused to be vaccinated and countries where the vaccine was not even available: ‘In contrast, here there are people who want to get vaccinated, but there is no plan and we don’t have vaccines’ (T2 EC MH03).

These concerns about North–South borders were ambivalent, involving not only concerns about uneven relations reproducing inequalities but also notions that naturalised and legitimised both Global North interests and neglect. However, this ambivalence then gave way to a different form of reasoning: our interviewees not only perceived how the newfound uncertainty changed their lives, but they also became aware of how COVID-19 reconnected different places in the world. For some, this was a sudden realisation:

I didn’t feel fear, but maybe uncertainty ... you can no longer live with the same peace of mind after this, because even if this one [particular pandemic] is controlled, there is the possibility that another and another and another will appear, so always this, we have realised that this virus, this disease, changed the world completely, and it will not be the exception with another new strain or another new virus that appears or new bacteria, another pandemic, so now that we are more aware of, of these pandemics, it also makes us a little more nervous for the future. (T2 MX ZM0)

As another Mexican interviewee noted, this uncertainty would become the new normal:

They have already said that there is another wave of COVID in Europe and the wave of COVID is going to come again to Mexico, and we have to live like this at least, right? I mean, it shouldn't be uncertainty anymore. It should be like the new normality. (T2 MX CG03)

The newfound awareness of global interconnectedness led one Ecuadorian participant to reflect that we can only sustain ourselves if we are more equitable and supportive:

... that we should be a world of solidarity and that we should understand that life and the world is only going to sustain itself if there is or if we are more equitable and we are more supportive. And if we support each other, we could do that. There is too much concentration of wealth among very few and the preservation of misery and poverty. And that does a lot of harm. And that is also seen in this process. (T2 EC MH03)

People illustrated the interconnectedness of the world at a global level, showing how their lives extended and continued to extend across borders. The cross-border dynamics in people's lives were particularly contentious when border policies were not reciprocal. For example, while the U.S. closed the border for Mexicans, Mexico did not follow suit. One participant criticised the decision to allow people from the U.S. into Mexico, arguing that it was not right for U.S. nationals to enjoy liberties they did not have in their own country:

What citizens cannot do in the United States, [they do here]. So, what do they do? They go through to Tijuana, they go to Rosarito, Baja California, which is half an hour from here, and people gather there ... a lot of people in one closed place ... and the government does nothing ... Because [things] have always been the same, haven't they? Simply the things they can't do in the United States, they come and do them here in Tijuana. I would like you to see the beaches here in Tijuana, and I would like you to go to a beach in the United States: clean! You don't find a cigarette butt on the beach. And here, you can't walk away from the garbage that they come and throw here. (T2 MX ER01)

Respondents particularly highlighted geographic border areas or border zones. National border policies proved inadequate to understand and address realities in these areas, which did not receive sufficient attention or support during the COVID-19 pandemic. For instance, a participant living in the same border town mentioned above emphasised that the border constitutes their living space. As people had to cross borders daily due to their mobility needs, they were part of two spaces run by different governments, which in this case had disastrous consequences in the form of high COVID-19 transmission:

Yes, of course not [we do not want to close the border], because in the first place, we are the border here, right? People come and go [to Mexico from] the Imperial Valley which is in Calexico [U.S.], they go from Calexico to there. [Even though] there is a lot of COVID, and people come and go, workers come and go, crossing every day. (T2 MX ER02)

People debordered their lives *across* national divisions and showed how this changed their understanding as global citizens. Participants described fluid citizenship practices, talking about 'the government' but clarifying that they were referring to the U.S. government, despite living in the Mexican part of the borderland.

The elderly got vaccinated with the vaccine that the U.S. government gave us ... Those of us ... under 50, it has taken longer, because it is the vaccine that the country provides, eh ... Mexico. (2 MX ER01)

An Irish interviewee even articulated a notion of (crisis) citizenship that goes beyond national affiliation. They proposed a model for need-based distribution of vaccines that would work regardless of geographic location or citizenship:

I think at a global level, it would be based on need ... The criteria ... we should say that globally we want every healthcare worker and every vulnerable person to get the vaccine. Whether you are in an affluent country or in a poor country, the criteria should be the same. Once those people have been vaccinated, we should then go down the second level and maybe look at the over 60s and the over 50s and do it increasingly in terms of need. But it should be done on a global basis, and it should be the same criteria whether you are living in America or Ireland, as whether you are living in Ghana or Sierra Leone. (T2 IE IG02)

Our interviews show that COVID-19 has changed notions of borders, othering and connectedness (and as such, notions of the global in global health). Ambivalent notions of people caring about others while reproducing relations of inequality between North and South eventually gave way to a new normality in which people situated themselves. They began to see how the pandemic had altered their own lives: unprecedented uncertainty had become part of people's lives, as had a sense of a new normal of global interconnectedness and concerns that fed back into people's understandings of (global) citizenship.

People debordering their lives toward global citizenship?

Our research showed that (de)bordering practices were shaped by structures and agency (Szytniewski et al., 2020). These practices were not limited to territorial and institutional dynamics, as previously discussed in the literature (e.g. Cassidy, 2019; Ferhani & Rushton, 2020; Persdotter et al., 2021; Yuval-Davis et al., 2019). Moreover, people actively (de)bordered their lives in their everyday contexts in specific ways. Our participants actively engaged in what we suggest are everyday practices of (de)bordering when connecting to, or distancing themselves from, others during the pandemic.

Shifting reactions: Containment, inequalities and situatedness

As people realised that COVID-19 would reach their lives, they initially relied on and demanded strategies to contain the virus by closing national, regional and personal borders. After the first 6 months of the pandemic, however, people's focus slowly shifted away from isolated or atomised national contexts. Their perceptions, claims and experiences no longer reflected the trend often described in academic literature of how COVID-19 (re)bordered the world (Aradau & Tazzioli, 2021; De Genova, 2022; Lara-Valencia & Laine, 2022; Tazzioli, 2021). Tracing peoples' everyday practices of (de)bordering, we could see how people's conceptions of borders and global connectedness changed over the course of the pandemic.

Our interviewees' (de)bordering practices gradually moved beyond national divides. Our participants actively engaged in (de)bordering practices by drawing dividing lines between 'us' and 'them' at diverse scales, but they also began to broaden their focus from thinking primarily about the people with whom they share citizenship to connecting with the reality of people across borders. This insight, and the realities it represents, could contribute to further understanding how the global in global health was actually constituted during the COVID-19 pandemic (Bozorgmehr, 2010; Chen et al., 2020; Janes & Corbett, 2009; Koplan et al., 2009; Salm et al., 2021). In particular, it resonates with scholarly discussions that view the global in global health as the 'social links between people located at points anywhere on earth, within a whole-world context located at points anywhere on earth' (Bozorgmehr, 2010, p. 4; Scholte, 2002, p. 15).

As people connected to others located anywhere on earth, our participants situated themselves within global dynamics of inequality along a spectrum from marginalisation to privilege. People experienced global dynamics in very different ways, depending on how they were positioned socio-spatially around the globe (Barr, 2020; Cash & Patel, 2020; Fiske et al., 2022; Jasser et al., 2022). They related to others by highlighting experiences of inequality, such as when knowledge was unequally distributed, the impact of the pandemic was uneven, or when opportunities diverged (for example, when it came to vaccine development, production and distribution). Our participants were defining the assemblages between health and global dynamics of inequality, 'assemblages that are complex, diverse, temporally unstable, contingent and often contested or resisted at different social scales' (Janes & Corbett, 2009, p. 169). As they experienced persisting inequalities in global health (e.g. Abimbola et al., 2021), they drew attention to geographic location in the context of how inequality is constituted (Fischer et al., 2020). They navigated socio-spatial differences, bringing

forth a view of the global that depended on access to knowledge, opportunity and institutional support.

People eventually debordering their lives beyond national lines of division

Our interviews offer insight into people's (de)bordering practices, emphasising perspectives from diverse sites (Affun-Adegbulu & Adegbulu, 2020). These multiple perspectives have shown how people challenged not only national dividing lines but also colonially inherited North–South borders. Participants in Europe reflected on their experiences of selective privilege in terms of economic, health and social stability during the pandemic (cf. Radcliffe & Radhuber, 2020). They contrasted their experience with realities in the Global South (cf. Gould & White, 1974; Santos, 2002), where the health crisis was eclipsed by other pre-existing crises. Their approach to the North–South border was ambivalent, though there was a fundamental concern about the unequal impact of the pandemic on populations and regions. However, even when commenting on the plight of the Global South, there were assumptions that naturalised and legitimised both Global North interventionism and abandonment.

In our interviews, we could see that people positioned themselves by both relying on and challenging classical colonial divisions of 'us' and 'them'. Scholars argued that decolonising health should be not 'merely about altering the content but also very much the term on which we are having the conversation' (Affun-Adegbulu & Adegbulu, 2020, p. 2; cf. Abimbola et al., 2021; Bhakuni & Abimbola, 2021; Fofana, 2021; Garcia-Basteiro & Abimbola, 2021; Khan et al., 2021). Affun-Adegbulu and Adegbulu (2020) moreover emphasised that processes of othering that are often rooted in Eurocentric conceptions of humanity need to be critically reflected upon if global health is to be truly decolonised. Our interviewees continued to position themselves in relation to others following postcolonial demarcations along North–South borders. However, sensitivity to the experience of inequalities along colonially shaped divides then did give way to new forms of global awareness.

The outbreak of the pandemic triggered a shift in mentality, in which disparate localities around the world were newly connected. People illustrated how they debordered their lives beyond national divisions when, for example, family members lived abroad, when borders constituted their very living spaces in border regions, when they situated themselves as citizens across national divisions and when they identified with more than one government in border regions. In such borderlands, people stretched mental and physical borders through their notions of attachment and belonging that crossed national borders. They showed that not only structures, such as territorially and institutionally defined borders, but also people's everyday agency, shape borderlands (cf. Kajta & Opiłowska, 2022; Szytniewski et al., 2020, p. 481). Following Kajta and Opiłowska (2022; cf. Jessop, 2001), the COVID-19 crisis reshaped cross-border dynamics and opened new avenues for transnational cooperation.

The ways in which people's practices crossed national and North–South borders affected how they perceived, thought about and experienced citizenship. Yuval-Davis et al. (2018) argued that everyday bordering practices are perceived, experienced and enacted differently based on people's social positioning. Furthermore, this builds the basis for what emerges as everyday citizenship practices, both within and across national borders. Wille and Weber (2020) showed that after an initial push to strengthen borders in border areas in the wake of the COVID-19 pandemic, residents often managed to overcome or deborder fixed territorial divisions, leading the authors to suggest that this may have also strengthened supra-national – in this case European – citizenship. We extend these findings by showing that practices of (de)bordering, and the experiences associated with them, vary according to people's socio-*spatial* positioning, and that these practices constitute diverse forms of everyday citizenship. More specifically, the everyday acts of people debordering their lives beyond national divisions, including instances where they identify with more than one government, gave rise to what is referred to here as fluid citizenship practices. As people transcended North–South boundaries, they brought forth calls for a needs-based form of global citizenship (Appiah, 2006,

2017; Dower & Williams, 2016; cf. Isin & Nyers, 2014). They described this form of global egalitarianism, sensitive to the unequal socio-spatial situatedness of people and social diversity in general, as the best practice of citizenship in times of crises. In other words, they began to envision a new normal, a sense of supra-national identifications and a global interconnectedness that inspired a desire for global citizenship.

Conclusion

This article analyses how people experienced the global nature of the COVID-19 pandemic in Argentina, Austria, Bolivia, Ecuador, Ireland, Italy and Mexico. In dialogue with debates about the parameters of the global in global health, we focus on what we call ‘people’s everyday (de)bordering practices’ to examine how they negotiated (dis)connections between ‘us’ and ‘them’ during the pandemic. We expand earlier concepts of ‘everyday bordering’ by shifting the perspective away from territorial and institutional dynamics as the primary point of reference. Instead, we focus on how people (de)bordered their everyday lives during the COVID-19 pandemic.

Examining people’s everyday practices of (de)bordering reveals a shift from advocating national containment strategies (e.g. border closures) to an increasing sense of connectedness with others across borders within the first 6 months of the pandemic. Respondents began to situate themselves along a spectrum of intersecting health, educational and economic inequalities – constantly worrying about those who were worse off during the pandemic – and, moreover, they began to deconstruct North–South divides. They articulated notions of a new normal, that is, a newfound awareness of global interrelatedness that both resulted from their (observations of) enactments of transnational citizenship practices and inspired a desire for global forms of citizenship.

Notions of people’s everyday (de)bordering practices allow us to understand how people related to others during the pandemic and how they navigated socio-spatial differences that play a key role in their conceptions of global realities. Our interviews illustrated how people experienced the global dimension through their own socio-spatial situatedness, cross-border inequalities experienced by themselves or others and the resulting sense of global (dis)connectedness. Practices of (de)bordering and the experiences associated with them vary according to people’s socio-spatial positioning, and they underlie diverse forms of everyday citizenship that transcend national borders. Our extended concept of ‘people’s everyday (de)bordering practices’ can inform debates on global health, border(ing) and (global) citizenship. Furthermore, our empirical findings on a newfound sense of global interrelatedness could signal support for, and encourage, transnational political action in times of crises.

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