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► **To cite this version:**

Adrien Delmas, David Goeury. Bordering the world as a response to emerging infectious disease. The case of SARS CoV-2. *Borders in Globalization Review*, 2020, 2 (1), pp.12-20. 10.18357/bigr21202019760 . hal-03083567

**HAL Id: hal-03083567**

**<https://hal.science/hal-03083567v1>**

Submitted on 19 Dec 2020

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ARTICLE  
SPECIAL ISSUE

*Borders in Globalization Review*  
Volume 2, Issue 1 (Fall/Winter 2020): 12-20  
<https://doi.org/10.18357/bigr21202019760>

# Bordering the World in Response to Emerging Infectious Disease: The Case of SARS-CoV-2

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*Facing emerging zoonose SARS-CoV-2, states decided unilaterally to close borders to individuals and revealed deep processes at work 'bordering of the world'. Smart borders promoted by international organizations have allowed the filtering of indispensables (merchandise, data, capital and key workers) from dispensables (human beings) and, above all, the redefinition of the balance of biopolitical power between state and society. The observation of the unprecedented phenomenon of the activation and generalization of the global border machinery captures a common global dynamic. After a round-the-world tour of border closures between 21 January and 7 July 2020, we concentrate on a few emblematic cases: the Schengen zone, the USA–Canada and USA–Mexico borders, Brazil–Uruguay, Malaysia–Singapore and Morocco–Spain. We interrogate the justification and the strategies of border closure in a context of the global spread of an emerging epidemic, going beyond the simple medical argument. Choices appear to be dependent on ideological orientations henceforth dominant on the function and role of borders. We will discuss the acceleration of the bordering of the world, the forms of its outcome and its difficult reversibility.*

## Introduction

In a few weeks, the new coronavirus, SARS-CoV-2, spread across the planet at an unprecedented speed, attesting to the sheer density of human relations around the globe.<sup>1</sup> If all viruses evoke the shared human condition in its most fundamental dimensions (Leroy-Ladurie 1978), this one immediately revealed the intensity of international movements and the multiplicity of social relations that they entail. In this paper, we do not wish to interrogate the ways in which the virus spread but rather the ways in which governments responded to the spread. Governments massively chose to lock down their populations and to close their national borders to individuals. Between 10 and 17 March 2020, increasingly drastic public policies of control were applied, followed by the suspension of

mobilities altogether. This international unanimity poses questions. Indeed, in the face of emerging zoonoses (diseases or infections transmitted from animals to humans), which should henceforth be considered the principal global health threat (Jones et al 2008), international organizations, experts and many governments were defending, until recently, a completely different approach. 'One Health, One World, One Medicine' (Zinsstag et al 2011, 2015; Chien 2012) aimed to articulate the levels of intervention, whether local or global, without resorting to closing borders, because such measures were regarded as counterproductive (Colizza 2007; Nuzzo 2014; Chinazzi et al 2020). But the often unilateral decisions to close borders to individuals revealed another process at work, one very much older

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(Noll 1997) and much more powerful than the reasoned mobilization in the face of emerging zoonoses, namely, the new 'bordering of the world' (Mbembe 2018, 2020). The so-called smart borders promoted by international organizations (Pécoud 2010) have allowed for the filtering of indispensables (merchandise, data, capital and key workers) from dispensables (human beings pursuing life and leisure activities) and, above all, for the redefinition of the balance of biopolitical power between state and society (Foucault 1975).

To begin with, we have tried to produce a close chronology of border closures worldwide between 21 January and 7 July 2020.<sup>2</sup> The observation of the unprecedented phenomenon of the activation and generalization of global border machinery captures a common global dynamic. If this analysis reveals very different situations, the fact remains that in the end the majority of states closed their borders. Only a minority maintained open borders throughout the pandemic (South Korea, Mexico, Nicaragua, Laos, Cambodia); others developed selective strategies (Brazil, United States, Japan, Switzerland, Slovenia, Sweden, Uruguay), sometimes border by border, or dyad by dyad (Brazil–Uruguay, Slovenia–Austria). We do not claim to be comprehensive but concentrate on a few case studies: the Schengen zone, the USA–Canada and USA–Mexico borders, Brazil–Uruguay, Malaysia–Singapore and Morocco–Spain.

Beyond the accumulation of particular cases, the task is to try to understand this global phenomenon at work since the start of the year. The bordering of the world flowing from the coronavirus pandemic cannot be reduced to the sum of particular closures, country by country. To the contrary, collective logics can be seen. States have simultaneously opted for methodological nationalism (Beck 2006), breaking with the principles of health cooperation on a global scale. Our hypothesis is that this posture has allowed governments to display their biopower by imposing a new sanitary governmentality (Foucault 1975). Far from mobilizing appropriate healthcare resources, they have given priority to security mechanisms for controlling mobility developed in the context of the fight against non-regulatory immigration (Mbembe 2020).

We will interrogate strategies of border closure in a context of the global spread of an emerging epidemic, going beyond the mere medical argument, inasmuch as the choices appear to be of a different order, that of political choices strongly dependent on ideological orientations henceforth dominant regarding the function and role of borders. Confronting the justifications given for the various border situations observed from January to July 2020, we first discuss the acceleration of the bordering of the world, then the forms of its outcome and finally its difficult reversibility.

## The Health Argument as Biopower

From February 2020, with the confirmation of the presence of the virus in different parts of the world, states imposed the closure of national borders because of the acknowledged risk of the virus being imported by travellers. Indeed, air travel had allowed the virus to make territorial leaps, revealing an economic archipelago linking the Chinese province of Hubei to the rest of the world, before spreading by means of multiple mobilities. The question of the health efficacy of border closures cannot be addressed here. One thing is certain, however: despite the closures, few if any countries have been spared the presence of the virus. They have at best slowed the spread of the pandemic (Chinazzi et al 2020). During previous emerging epidemics, such as H5N1, this strategy was considered a posteriori as less effective (Colizza 2007). Moreover, the doctrine of the World Health Organization (WHO) was "vigilance, not bans" (Nuttall 2014) since the closure of borders was liable to generate negative effects on the wider health response without halting the epidemic (Nuzzo 2014). On the contrary, international collaboration, notably in the use of air transport to deploy prevention, detection, and monitoring measures across borders, was considered to be particularly effective (Colizza 2007).

On the other hand, the response of the first countries affected by the new coronavirus, China and South Korea, was organized around the erection of non-national barriers: infected people were placed in isolation; clusters, blocks, cities, provinces were locked down, etc. The reasoned articulation of multiple scales and the identification and targeting of clusters allowed the propagation of the virus to be controlled and its impact greatly reduced. While China mobilized later, South Korea was prepared for this type of risk, and never resorted to the closure of borders or generalized lockdown. Control of the pandemic in fact requires a targeted health policy, implemented early, with a rigorous system of monitoring.

On a global scale, health professionals tried to organize a collective medical response through research into treatments and vaccines. On the eve of the irruption of the pandemic, the WHO was promoting the "One Health, One World"<sup>3</sup> doctrine, which had gradually been established since the beginning of the century to confront emerging diseases, particularly zoonoses.<sup>4</sup> The WHO and its partners proposed an intensive international collaboration linking doctors, veterinarians and environmentalists to build a global response, negotiated with stakeholders, governments, agribusiness professionals, environmentalists, residents and local associations at all levels of interest, from the local to the global. In this context, outbreaks were to be the object of reasoned social distancing policies that would not hinder the health response nor international cooperation.

But, in the face of multiple centres of contamination, from March 2020 the majority of governments chose national withdrawal. The closure of borders seemed like a way of taking back control, of returning to the sources of the sovereign state. Even though no leader could deny having acted 'late', since no country was exempt from COVID-19 cases, many states rejoiced at having closed 'in time', before the wave created a catastrophe. The orchestration of a concerted common response, notably in relation to the WHO, was quickly abandoned in favour of unilateral initiatives. The president of the United States could then indict the response of the WHO before announcing that his country was quitting the organization.

The result was that the closing of borders transformed the pandemic into so many national epidemics, thus becoming a paradigmatic example of nationalist methodology, to use the terms of analysis of Ulrich Beck (2006). A residential logic was imposed: citizens present in a territory became accountable for the spread of the epidemic and for the maintenance of the care capacities of the medical system. Their respect (or not) for the barrier measures was punished through the discomfort of the lockdown. The dialectic between rulers and governed came to revolve around daily counts of figures that were immediately compared, even though they were not always commensurable, notably with those of neighbouring countries. Observers dissected the better and poorer countries around questionable indicators, while the modalities and means of detection of the epidemic varied from state to state.

In the absence of dialogue, governments arguing for reciprocity (Snidal 1985; Noll 1997) experienced the prisoner's dilemma. In the face of anxious public opinion, any head of government ran the risk of being considered lax or irresponsible in keeping borders open when other countries were closing theirs. These mimetic phenomena between states multiplied in a few days as the pandemic spread. States rediscovered their biopolitical mastery through the implementation of barrier measures; they defended their rationality in following scientific advice and dismissing emotional or religious approaches; and they favoured the suspension of rights through a great number of exceptional measures (Foucault 1975; Fassin 2005).

The overall risk, then, legitimised the affirmation of national authority in an atmosphere of relative unanimity, even as governments witnessed a process of the denationalisation of their border apparatus, faced with the flow of goods and, above all, information (Sassen 2006). The suspension of international mobility allowed many heads of government to mediatise their authority, usually for electoral ends (Margulies 2018; Waslin 2020). In a few days, borders as institutions of bilateral cooperation became the horizons of a discourse with military overtones (Foucher 1991). They were then transformed into fronts against the

epidemic, against which heads of state 'declared war', concealing their lack of preparation and their lack of understanding of the epidemiological mechanisms at work. Overnight, borders once again became one of the privileged settings for the policies of central governments (Foucher 2016).

## A Chronology of Suddenness

The sequence experienced from the end of January 2020 led to a series of accelerations that reinforced the principle of border closures. The development of the epidemic in China quickly alarmed the international community, starting with the countries on its borders. North Korea made the first move, on 21 January, by closing its border with China and banning all tourist travel on its soil. When China straightaway developed a targeted lockdown strategy from 23 January in the most affected districts of Hubei, neighbouring countries closed their land borders or, as in the case of Pakistan, did not open their high-altitude seasonal frontiers. In parallel, non-bordering countries began a policy of closing air routes, which represented so many potential points of entry for the virus. If certain countries simply asked national airlines to suspend their flights, closing their borders *de facto* (Algeria, Egypt, Morocco, Rwanda, France, Canada, among others), others favoured a frontal approach, for example the United States, which, on 2 February, forbade entry to travellers who had stayed in China. Finally, some countries took advantage by immediately enlarging the interdicts, for example Papua New Guinea, which from 28 January banned all travellers coming from Asian countries.<sup>5</sup>

From 20 February, the rapid propagation of the epidemic in Iran led to a second global attempt at placing a particular country in quarantine. Iran's role in terrestrial traffic from Afghanistan to Turkey pushed neighbouring governments to close crossing points. Likewise, the Iraqi government, otherwise closely tied to Teheran, eventually closed the border on 20 February. Travellers who had stayed in Iran were in turn gradually considered undesirable. Governments then decided on targeted ban policies or enforced quarantine, through the creation of lists of territories at risk.

A change of paradigm in the management of the health crisis took place from 24 February with the development of the epidemic in Italy. From this point, the epidemic was effectively considered global, which paradoxically again placed Europe at the heart of global mobility. The density of intra-European relations and the intensity of extra-European mobility generated a feeling of anxiety, prompted by the risk of submersion, and the concept of a 'wave' was constantly invoked. Some read the restrictions on circulation placed on Europeans as an inversion of the nature of planetary migration (Marmié 2020). Countries with low or weak incomes began to close their borders to individuals from higher-income

countries. Lebanon, for example, drew up lists of undesirable nationalities, while Fiji set a threshold of 100 identified COVID-19 cases in the last country visited. The lists of exiled origins progressed inexorably: thus, on 9 March, Qatar and Saudi Arabia added many European countries to a list of forbidden origins that already included China, South Korea and Iran.

On 10 March there was a flurry of border closures. By closing their borders with Italy, Slovenia and Austria were the first countries to suspend free movement within the Schengen Area, the European zone of free movement encompassing 26 countries, that have officially abolished all passport and all other types of border control at their mutual borders. On 12 March, they were followed by countries of central Europe, in particular the Czech Republic and Slovakia. The two countries, which had been one until 1992, closed their common border for the first time on 13 March. The phenomenon was precipitated by the abrupt decision of the United States to bar entry to travellers from the Schengen zone from midnight on 13 March. In Africa and in America, relations with the European Union were soon suspended. For example, on 10 March, Morocco suspended maritime and air links with Italy. On 12 March, after talks between the Moroccan and Spanish kings, Morocco closed its borders with Spain, including the border posts in the enclaves of Ceuta and Melilla, and then with many European countries, such as France and Belgium, on 13 March, before generalizing this to all other countries on 15 March. Morocco completed this closure at Guerguerat, on its border with Mauritania, on 18 March when two Moroccan nationals were handed over by the authorities after transiting via Spain and the Canary Islands.

The interdict placed on travellers from the European Union was almost immediately widened to the entire world, as if the banishment of Europeans had precipitated the suspension of international flights. Between Friday 13 March and Friday 20 March more than 80 countries closed their borders to all foreign travellers. Air borders were the first to close, followed by land borders. The countries that escaped this logic were very much in the minority, for example Mexico, Nicaragua, Laos, Cambodia and South Korea. Among these, some were dependent on their neighbours, for example Laos and Cambodia, which again found themselves hostage to the restrictive policies of Vietnam and Thailand, respectively. There are also countries at war that were unable to close their borders, for example Libya, where arms and fighters continue to circulate in order to feed the ongoing civil war.

### **Transfrontier Realities**

Beyond the few governments who resisted the pressure to restrict mobility, the logics of daily movement seem to have become a rampart against total closures. Thus, and

often contrary to the proclaimed discourse, many states maintained the cross-border circulation of workers. Within the Schengen zone, Slovenia, the first country to close its border with Italy, maintained its relations with Austria. The many crossing points remained open, some for 24 hours a day. The Slovenian government justified this by citing its dependence on the Vienna agglomeration, and especially its international airport, but also by advancing the case of the many farmers who have land on either side of the border. Even so, on 16 March, Switzerland guaranteed access to its territory to cross-border salaried employees, even though these largely came from northern Italy and the Grand Est region of France—the two regions of Europe most affected by the pandemic. At this time, the geometry of border controls was nevertheless variable, with some French and Italian commuters travelling by less frequented and less observed byways. Within the Schengen zone, Germany, Belgium, Norway, Finland and Spain thus continued to authorise 'essential travel', a category that comprised health professionals, patients being cared for in another country, cross-border employees considered as essential and drivers transporting goods. Borders were then more or less supervised and solidified with the means at hand. Norway mobilized reservists and retirees to control the many crossing points along its extensive borders with Sweden and Finland. In Scandinavia, health personnel have largely operated on both sides of borders due to the very low density of residents.

On the other side of the Atlantic, and despite the ramping-up of the US president's authoritarian discourse, an agreement on maintaining essential travel was reached with Canada on 18 March and with Mexico on 20 March. This was ratified in a joint declaration on 21 March. Travel deemed essential corresponds to European categories and includes schoolchildren and students registered in an educational establishment in another country. Nevertheless, based on official data from February and May 2020, the dynamics of the two North American borders are very different. In order to maintain supply chains, trucks continued to cross the border between Canada and the United States, with the number of crossings declining from 440,166 in February 2020 to 316,002 in April. On the other hand, the number of crossings by private vehicles fell by 95%, from 3.1 million in February to 150,734 in April. The situation on the Mexico-United States border shows more intensive professional traffic: the movement of freight by truck dropped by 20%, going from 520,000 to 402,000 crossings between February and April 2020. The number of private individuals crossing by vehicle went from 10.5 million to 3.6 million, or 35% of the normal flow, while crossings by foot dropped from 3.7 million to 916,000, or 25% of the normal flow (United States Department of Transport 2020). A strong proportion of essential journeys were accounted for by the significant number of Mexicans working in the agricultural and manufacturing sectors in the United States, whose need for labour was continuous during the pandemic.



Cross-border arrangements thus present many exceptions to the closure of borders for health reasons. The example of the Uruguay–Brazil border is equally remarkable. The two governments closed their external borders with Argentina from 17 March, but on 22 March renounced the closure of their common border, on the grounds that the inhabitants had developed ‘a binational way of life’. The crossing of the Uruguay–Brazil border was thus forbidden only to non-resident foreigners. Some 1000 kilometres in length, the border is punctuated by six cross-border agglomerations, of which the two most important, Rivera (Uruguay) and Santana do Livramento (Brazil), are separated by a simple boulevard. There is no physical border apparatus dividing the two towns, and since 28 September 2016 a joint office of the Uruguayan and Brazilian administrations has been responsible for border arrangements. Residents are thus free to circulate within the agglomeration, as are the many tourists and day-trippers who visit the town on weekends and during holiday periods. On 25 May, with the propagation of the virus, the authorities decided to create a binational commission in order to coordinate actions between Brazilian neighbourhoods and Uruguayan neighbourhoods, and to generalize actions on either side of the border. On 12 June, a binational health intervention unit was thus set up to act throughout the agglomeration. The authorities and the residents have defended the singularity of this agglomeration, which embodies the principle of a peaceful border (Resende 2020c). Nevertheless, from 25 May, the Uruguayan authorities decided to increase the controls at the exit of Rivera, creating a closely guarded border outside the city and away from the international boundary line. Rivera was thus transformed into an enclave of 100,000 people within Uruguayan territory, controlled by military checkpoints (Resende 2020a). Finally, on 15 June, the Brazilian authorities implemented a curfew and banned non-essential activities, a decision that frustrated cooperation between the two administrative bodies. Uruguayan elected officials judged these measures excessive and inappropriate, while their Brazilian counterparts urged that they be extended to Rivera, especially in the many commercial spaces that make the city attractive (Resende 2020b).

However, the resilience of cross-border logics in the face of global border closures should not be overestimated. Unlike the preceding cases, in South East Asia, Malaysia’s unilateral decision of 16 March to close its border from 18 March, in terms of the Movement Control Order, caught the city-state of Singapore by surprise. The Johor–Singapore Causeway carries more than 350,000 cross-border commuters per day, close to 300,000 of whom are residents of Malaysia who travel on a daily basis to work in Singapore. Businesses and the government of Singapore thus had to make accommodation arrangements for many tens of thousands of workers who were deemed essential. On 18 March the government made 10,000 beds available,

while thousands of workers had to camp out for days before finding accommodation. But this decision, normally taken for 15 days, proved to be particularly difficult to resolve. In July, the two governments were negotiating the modalities to allow cross-border commuters to resume normal activity. In the meantime, many thousands of Malaysians have had to return to Malaysia due to increasingly difficult family constraints, renouncing all or part of their salaries. Any prospect of a return to cross-border life was shattered by the imposition of a 14-day quarantine before individuals were allowed to return home. On 6 July, 25,000 workers residing in Malaysia were still in Singapore. These were given priority during intergovernmental negotiations, to benefit from a privileged status of cross-border commuters medically tracked by the two governments. However, more than 250,000 Malaysians are also waiting to be able to resume their professional activity in Singapore, which they left several months ago.

These closures of variable intensity highlighted the state of bilateral cooperation, with certain closures proving much easier to achieve when there are pre-existing rivalries. Thus, Papua New Guinea closed its border with Indonesia from 28 January, even though the Indonesian archipelago was very weakly affected by the pandemic. This decision points to the tensions between the two governments over the Papuan secessionist movements active in western Papua, which have been a particular target of repression by the Indonesian authorities. Conversely, some governments have refused to close their land borders, for example Tanzania, so as to guarantee direct access to the sea for neighbouring states in Central Africa.

## **The Acceleration of the Bordering of the World**

The brutal closure of global borders reminds us how the security systems of many states were prepared for the complete suspension of human traffic. As in many areas, the pandemic powerfully magnified the features of a world that is easier to diagnose now that it is suspended. In the past few years, the increase in international air travel has been accompanied by the implementation of more and more drastic filtering systems, particularly in the context of the fight against terrorism and clandestine immigration. These multiple stages of control, articulating computerized administrative systems for visas, and ever more intrusive systems of physical control, have made airport borders increasingly thick, dividing humanity into two categories: the mobile and those whose residence is imposed. At the same time, international land and sea routes have remained active, and have even reinvented themselves within the framework of so-called illegal mobility. But, here again, the obsession with control has fostered a border sprawl through the creation of multiple border stages,

turning entire countries into places of surveillance and house arrest through continuous investment in security systems. The thickness of borders is measured by the height of walls and by the exploitation of geophysical obstacles—rivers, passes, deserts and oceans—where armed forces and border agencies are active, or, again, by the growing number of camps where undesirables are placed on hold for an indefinite period (Cuttitta 2015). Smart borders are linked to digital tracking and surveillance systems, coupled with an administrative apparatus whose labyrinthine steps are designed to forestall unauthorized passage. To describe this phenomenon, Achille Mbembe speaks of the "bordering of the world" and of the implementation of a "new worldwide security regime in which the right of foreign nationals to cross the frontiers of another country and to enter its territory becomes more and more bureaucratic and may be suspended or revoked at any moment and under any pretext" (Mbembe 2020, 153). While borders have never been so polymorphic (Sassen 2006), they are embodied in the contemporary passion for walls as territorial iconography (Gottmann 1952), which supports social representations of the perfect control of human movement. Since its establishment, the Schengen zone has been emblematic of this obsession with filtering, even if this involves the suspension of human rights, notably vis-à-vis refugees. Walls are imposed on external borders (Saddiki 2017) while national governments balk at all forms of multilateral coordination (Noll 1997).

With the onset of the pandemic, most governments had no difficulty in mobilizing border engineering and imagination, relying first on airlines to close their countries and suspend travel, then closing airports before blocking land borders. In so doing, for the millions of individuals on the move at the moment of closure the border system thus erected came to generalize the experience of irregular migrants. Travellers who were away for business or leisure suddenly found themselves unable to return to their homes. The richest governments organized return flights, although without the ability to assure most of their nationals a speedy repatriation. To make individuals wait, governments foregrounded the argument that their return to the place of residence would not fundamentally change their situation, since it would in any case be forbidden to leave one's domicile, as lockdown policies were widespread across the globe.

The fact remains that international displacement has become, virtually overnight, synonymous with repatriation, a particular terminology that links every individual to a precise territory. But the conditions and modalities of repatriation proved to be particularly confused. While great movements were organized within a few days of the announcement of the suspension of commercial flights, these possibilities wilted away over the following weeks, with many people banking on an eventual return to normality that

became ever more distant and uncertain. Furthermore, repatriation posed the question of attachment to a national territory. Certain governments, such as that of France, proceeded according to criteria of nationality, excluding foreign residents; others, such as Belgium, Italy and Spain, privileged place of residence, thus allowing foreign nationals stranded in their country of origin to reach their domiciles, sometimes after many weeks of negotiation with local authorities over the criteria. Finally, the scope of the task sometimes seemed insurmountable for certain low-income countries. In the case of Morocco, consular authorities identified nearly 32,000 nationals stranded abroad. If the authorities managed to organize the repatriation of Moroccans stranded in Wuhan from 28 January, it took many months for the country to propose solutions to its other nationals, even for those grouped together in the Spanish enclaves of Ceuta and Melilla and merely requiring transport by bus. The first Moroccans were repatriated on Friday 15 May, more than two months after the closure of the border. Many dozens of young Moroccans, made desperate by the wait, were tempted to return their country by clandestine means, whether by swimming from the beach at Ceuta or by motorboat. Other nationals stranded across the globe had to wait until the end of June to benefit from return flights from Algeria, Europe and the Middle East.

For foreign workers whose contracts were ending or had been broken by the economic shutdown, successive extensions of closures have placed them in the category of persons to be repatriated. Hundreds of thousands of workers have progressively found themselves without income, with their only prospect a return to their country of origin. Faced with this situation, governments responded by extending visas, anticipating a resumption of commercial flights. The experience of the uncertainty of movement, hitherto the sad preserve of irregular migrants, spread to growing categories of mobile populations. This experience took the form of emergency accommodation and even camps. These were primarily hotel rooms and campsites, but also public buildings such as gymnasiums and schools that were made available to travellers. In Morocco, tourists and their vehicles have been grouped in campgrounds or car parks close to ports in the northern part of the country to wait for specially chartered ships. In the south, irregular sub-Saharan migrants have also been assembled in buildings made available, as at Laâyoune or Tarfaya, when their camps have not been moved and closed by barriers, as at Tiznit. In both cases, the Moroccan authorities ensured daily resupply due to the strict lockdown. These arrangements were put in place within a few days, attesting to the ability of the authorities to organize waiting structures before a possible travel authorisation. Most countries were well prepared to activate these border systems for the management of human beings, replicating models that have been circulating internationally for the past few years (Cuttitta 2015).

However, the rapid and generalized activation of border systems should not hide the fact that many states also maintain the geographical fiction of border control. France, for example, decreed the closure of its borders in French Guiana and Mayotte, though without the means to supervise them. More generally, clandestine migration has continued, even though it is increasingly visible and exposed. Thus, 23,118 migrants crossing from Mexico to the United States were detained in May 2020, though this was far from the record set in May the previous year, when 144,116 persons were detained (Miroff 2020). From May 2020, new tensions were generated by the resumption of clandestine crossings to Europe, which had fallen by more than 75% (Frontex 2020). Thus, on 17 June, scores of sub-Saharan and Moroccan migrants were stopped near Fuerteventura, in the Canary Islands, before testing positive for SARS-CoV-2 by the Spanish health service. At the same time, the Moroccan authorities launched screening campaigns in the Tarfaya and Laâyoune assembly centres, which had become clusters, affecting both the migrants and the personnel in charge of their resupply. In Laâyoune, many sub-Saharan migrants refused the screening for fear of being even more strictly observed and missing a window of opportunity to cross to Europe.

## Reversibility

We have asked this locally activated global border apparatus to play a new health role, but it seems caught in a trap of its own making. Its very vocation—deciding who can move, where and under what conditions—got lost during the process, as the restrictions became absolute over a few days. The world has been plunged into a universal regime of house arrest, not so much through a health decision to confront an unknown disease as through the simple activation of multiple systems that pre-exist the disease. Closures were imposed in the absence of other available answers. Without consultation, the outcome was closing down the world. More than ever, borders have become a balance of power attesting to economic dependence, notably through the migration question, but also symbolically, in the principle of national sovereignty, through the figure of the foreigner. The political classes and public opinion have demonstrated a common adherence to a segmented vision of the world.

The activation of the border has led to its consecration. Systems have not only been activated but have also been reinforced and generalized. The observation of a barrier to movement is henceforth valid for everyone, and free circulation has become impossible, in fact as in law. At the global scale, only the repatriated, a new status of movement in a time of pandemic, are still allowed to go home, though within the limits of the financial means of the states they wish to reach. This generalized obstacle to movement has been valid

for those who decided it, as well as for those who analysed it. This is indeed a central characteristic of the process underway: there is no longer an overall point of view; there is no exterior because no foreigner, no more thinking from the outside (Foucault 1966). Faced with the mobilization and growth of a governance of movement based on hindrance, the pure and simple abolition of the right to move around—of the right to be foreign, of the right to cross the borders of another country and to enter its territory—is no longer perceived as dystopian. The systems that monitor these rights, although laid bare, no longer seem controllable. In this sense, one can doubt the reversibility of these measures of closure.

We can interrogate the temporary nature of the border closures carried out in March 2020 on the basis of the observation that the new processes of the bordering of the world by thickening and hardening borders were already at work when the epidemic struck. Camps and fences have multiplied as new border control devices to stuck unwanted motilities. The SARS-CoV-2 response has just strengthened existing systems. A process already set in motion should not be expected to go into reverse at the moment of its acceleration, as if the acceleration was a condition of reversal? It is rather as if the process of bordering has crystallised. The international movement of goods, maintained at the very peak of the health crisis, has not only allowed the supply of populations but has also recalled that, contrary to what liberal theories defend, the global economic model functions according to the following axiom: goods circulate more and more independently of individuals. We have just demonstrated the superfluous nature of the movement of men and women as long as goods themselves can circulate. How many people are stuck at a border, unable to cross, when the tiniest parcel or other product crosses? If international passenger traffic fell by 98% between May 2019 and May 2020 (IATA 2020), world trade has only diminished by 27%, returning to the level it was at prior to the crisis of 2007. The global digital network has also demonstrated that it can largely make up for a generalized immobility, with an increase in traffic from the third week in March of between 20% and 40% according to national networks. There is no prospect of internet outages, at a time when everyone has come to tap into the network for one's work, one's data, one's leisure time and one's feelings. Humanity has never been locked down, that is, locked in a closed space; it has only been immobilized (Desjardins & Milhaud 2020). From here it is but a small step to think that data flows could replace migratory flows, as some already believe. The pandemic has quickly been made the ally of the followers of enmity between nations, the partisans of separate development and destiny (Mbembe 2015), and the projects of autarchy and demobility (Damon 2013).

The SARS-CoV-2 pandemic, by the fact of its origin—linked to the live animal markets of Wuhan and the



pangolin trade—seemed, as an emerging zoonosis, even to justify the concerted response defended by the WHO: One Health, One World, One Medicine. This failure is a clear indication of the priorities of governments since the early 2000s, specifically their reluctance to take collective action integrating all forms of life, and to ensure the quality of life of human beings in the face of epidemiological and environmental hazards. They prefer to impose an increasingly systematic disciplinary system to control bodies (Foucault 1975). Collective security is no longer ensured by collective mobilization but rather by the prohibition of mobilities considered to be unnecessary. These decisions, as sudden as they are arbitrary, place all individuals in the uncertain situation of the 'non-regular' (Mbembe 2020).

The contemporary political context led to the privileging of the logics of methodological nationalism, which have proved particularly dysfunctional, since the pandemic was slowed for only a few weeks. Many months later, governments are struggling to reopen their borders. Case-by-case negotiations lead nowhere, and many states only envisage a progressive return to normality sometime in 2021. What was suspended in a few days will require many years to re-establish. Whereas the virus reminds us of our common humanity, the reimposition of borders forbids us more than ever from thinking of the conditions of cosmopolitanism, of society as a long, unbroken living thread able to cope with hazards, emerging zoonoses, climate change and threats that could mortgage the future. This methodological nationalism was hailed as a return of the state, without taking into account the previous dysfunctions and the immoderate social and psychological costs that it imposes on populations. The border response elaborated from January 2020 has opened no new horizon, other than that of falling back on ever smaller local communities, forming so many localised heterotopias. More than ever, the social sciences must tackle the question of pandemics and emerging zoonoses, inasmuch as these are also the result of the policy choices of governments (Craddock & Hinchliffe 2014).

## Notes

- 1 Phylodynamic analysis proposes a precise chronology of the spatial diffusion of the virus on the basis of its marginal genetic variations; see David Larousserie (2020).
- 2 See our 'Frontières' for a visualization of progressive border closures around the world: <https://www.youtube.com/watch?v=mv-OFB4WfBg>. The data were extracted from government declarations regarding travel restrictions, the closure of land, sea and air borders and information distributed by embassies around the world. Working with Mehdi Benssid, we have produced a chronology that represents cartographically the closure of national borders between 20 January and 30 April 2020 in the wake of the COVID-19 pandemic, a phenomenon unheard of in its speed and scope.

- 3 "To effectively detect, respond to, and prevent outbreaks of zoonoses and food safety problems, epidemiological data and laboratory information should be shared across sectors. Government officials, researchers and workers across sectors at the local, national, regional and global levels should implement joint responses to health threats" (World Health Organization 2017).
- 4 One World, One Health homepage, <http://www.oneworldonehealth.org/>.
- 5 The first case was identified more than two months later, on 20 March, as an Australian national who had transited via Spain.

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