Introduction

At time of publication (December 2020), more than 70 million people have been infected with the novel coronavirus worldwide, 1.6 million have died, and the global economy has contracted by about four percent. The virus is present in more than 200 countries and territories around the world, virtually all of them. In early December, there were more than 200,000 new infections daily in the United States alone, where because of the pandemic nearly 300,000 people have died since March 2020, making the U.S. one of the hardest hit countries in the world. Interestingly, the U.S. was also one of the first countries to close its borders (on March 20th) though the virus had already arrived. Since then, COVID-19 has spread particularly across poor, minority, urban sectors of the population. Recent news of expedited and promising vaccine trials are currently juxtaposed with surging and record levels of infections and deaths.

What is the role of border policy in confronting infectious disease? Can international boundaries contain pandemics? What are the impacts on local communities of using borders as blunt public-health instruments? What do COVID-19 border closures look like from inside borderlands? How have borderland communities responded? In what ways can border theory enhance both our understanding of and response to global pandemics?

This special issue of Borders in Globalization Review offers some preliminary responses and lays groundwork for developing research along these lines. The idea was conceived because, for many of our colleagues on the journal's editorial board, the pandemic and global response demanded a critical rethink of border theory. We think, for example, the lead research article by Goeury and Delmas exemplifies some of the new work that is required in the era of COVID-19. The article contends that the global pandemic has not challenged or confounded international boundaries but rather accelerated historical processes of ‘bordering the world’ (a general thesis shared by Borders in Globalization researchers—namely that globalization was never about diminished borders).

Moreover, with most of the action and urgency in borderlands, we decided to document the moment of closure by inviting well-positioned colleagues to contribute a short essay on their borderlands of residence and expertise. Each scholar was invited to contribute an essay.

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Contribute a couple thousand words on their respective cross-border regions, comparing conditions before and after the onset of the pandemic, considering how governments and communities responded, and assessing whether border policies were effective. The 23 essays produced here, written by more than 30 authors, capture the experiences of borderlands under pandemic lockdown around the world, including locations in Africa, the Middle East, South Asia, Europe, and North, South, and Central America.

The essays are followed by three art features that disclose quite-different borderlands under lockdown. The first is Marco Kany’s portfolio, a series of photographs of the closures of borders internal to the European Union in the region connecting France, Germany, and Luxembourg. The non-European viewer may be struck by the seeming minimalism of the European ‘closures’ (also pictured on the cover of this issue), certainly in contrast to other parts of the world. The second art piece on the theme of borderlands under COVID-19 lockdown is a video documentary by researcher Bertha Alicia Bermúdez Tapia and visual artist Mario Jiménez Díaz; it offers an empathetic view of resilient and creative lived experiences at the US–Mexico border. The third is a poem by BIG_Review poetry editor Natasha Sardzoska, written under lockdown; her work depicts the solitary human body as a kind of borderland.

That makes a total of 25 borderland-specific entries (not counting the poem) that are plotted and hyper-linked on the interactive maps in Figure 1.

Together, the findings are staggering. Each contribution demonstrates unprecedented border closures. Indeed, at the peak of the pandemic’s second wave, 37 internal dyads (shared border segments) of the European Union were closed—inside the supposedly ‘open’ Schengen area of the European Union. Additionally, each essay demonstrates that closing international borders did not prevent the spread of COVID-19 as effectively as expected (or at all, according to some). Colleagues from all continents also illuminate the dramatic and nearly instant transformations of daily life. Surprisingly, despite the prominence ascribed to the border in the fight against COVID-19, most border-crossings examined in these essays had neither health professionals nor sanitary measures in place during the first weeks and sometimes months of lockdown. Overall, the papers demonstrate that policies addressing the pandemic vary greatly and their
The novel coronavirus is little bothered by international borders. In fact, it defines its own borders. The first boundary of the virus is the human body because it is inside the human body that the virus reproduces and multiplies like a Trojan Horse (Brunet-Jailly 2020a, 2020b). For the pandemic, the ultimate border is the whole world. The limits of our planet are the outer limits of the virus’s reach; it cannot go beyond Earth’s atmosphere. In between these two border scales are networks of human beings being progressively infected. While the virus finds it difficult to survive across more than two meters of air, it spreads freely between the individual human and the periphery of the planet, disregarding other borders.

COVID-19 confronts our understanding of what borders are from two extreme opposite positions: one is the ‘human body’ as a border, and second, at the other extremity of our world, is the periphery of the planet we live on. Our shields have been varied. In some ways, every individual human is a set of borders to be defended; in the pursuit of self-preservation in this biological state of nature, human sovereigns fortify their skin boundaries, tediously disinfecting contact points and raising barricades over portals of nose and mouth. At the national level, for most countries, respecting World Health Organisation’s recommendations has required a broad consensus and commitment (and ability to manage) public health guidelines about individual distancing and wearing masks. As early as February 2020 the World Health Organization (WHO) published documents on how to make tests, but also how pre-vaccination procedures could allow communities to ‘wall-the-virus-out’ of our bodies, as well as mechanisms to break the chain of reproduction of the virus, i.e. wash with soap and water, wear mask, protective gear, and, isolate from others, self-isolate and limit interactions outside one owns community (Brunet-Jailly 2020a).

Very early in the year, economists suggested that full community / city / region / country lockdowns would likely to be less costly than massive losses of life. Furthermore, full lockdowns were perceived as a blunt unsophisticated mechanism of control (Brunet-Jailly 2020b). However, in the end, many countries, maybe too many countries, used full lockdown.

Full lockdown is one of possibly three forms of virus control. In such a case the border may remain far from each communities’ individual member—the border is around the area that is locked out of the rest of the world. Clearly, this does not prevent virus spreading within the lockdown area itself, and can lead to the development of dense clusters of infection. Indeed, in a full-lockdown the border is not the body itself, nor the room or habitation of each one of us but our own community, neighborhood, city, region or even country.

In a partial lockdown, public places are non-grata, but schools may remain open. The partial lockdown is in essence a public disciplining strategy unheard of in the modern history of states. In this model, testing may be used at the periphery of the country, region, city, neighborhood or community but not within each community or by each individual. As illustrated throughout this special issue of BIG Review, partial and full lockdowns were widely used and in the end nearly four billion people submitted to some forms of lockdown, including for instance the whole of India and parts of China, and a number of states in the Americas and Europe.

A second and a bit more sophisticated mechanism includes the tracking down of community transmission, and imposing a quarantine of 14 days to all infected......
persons. Once contact tracing is used there is a clear differentiation between infected and non-infected individuals, and processes of isolation are much more individualized. Similarly, those needing help are numbered and identified with or without symptoms. In this situation testing may be used more often than not.

What is remarkable for border scholars then, is realizing that the process of identifying a virus-positive-individual is actually similar to positioning a border—the boundary line is a positive polymerase-chain-reaction or PCR-test, because, it reveals the presence of the virus inside a host or body of a human being. The process is individualizing and requires more testing. The process also points to virus spreading across clusters and particularly to individuals spreading the virus with or without symptoms. Importantly, for border theorists the border moves from the outer territory of a community towards the individual. Individualizing the virus-host frees the community from virus, which is counter-intuitive, because we tend to think of bordering as large-scale and peripheral (South Korea, Taiwan, and most of China demonstrated the efficiency of individualizing virus borders).

The third and even more sophisticated method to eliminate the virus includes testing upfront, as well as contact tracing and quarantine/lockdown of each infected individual thanks to individual discipline as well as electronic surveillance. Surveillance helps isolate each infected individual from their communities and family surroundings. The onus is on the infected asymptomatic or virus shedding individuals, because, thanks to digital contact tracing and isolation, each infected body is bordered-out of the community.

In this border model, contrary to full lockdown, each infected individual is in a sort of house-arrest while the community may be free. Again what is notable here for border scholars is the displacement of the border, i.e. the boundary line moves toward each infected body. This model points remarkably to the individualization of responsibility but also to the individualizing mechanisms used to monitor both the reproduction and the spread of the virus i.e. contact tracing and the disciplining of the virus carriers thanks to electronic monitoring mechanisms, often a bracelet or a phone app, or both. In this situation, testing is the most important aspect of the policy but disciplining is the most obligating. The ethical implications may be vast and are beyond the scope of this publication, though they urgently require exploration.

Interestingly, the WHO has been arguing that testing was essential in all strategies to control virus spread. WHO Director General Adhanom Ghebreyesus repeated recently again that ‘testing is the spotlight that shows where the virus is … but investments in testing must be matched by investment in isolation facilities, protecting health care workers, contact tracing and cluster investigation, and supported quarantines’ (Adhanom Ghebreyesus 2020). Too many countries moved to lockdown without testing or monitoring. Too many have had disordered responses to the virus because of their own specific contexts and politics.

COVID-19 is a vivid reminder of the cosmopolitan condition of humans on earth; indeed, as suggested by Ulrich Beck (2014), and in a recent commentary by Michel Augier (2020) the coronavirus is a harsh reminder of the cosmopolitan condition of humanity. Because COVID-19 confronts us all in our relationships with the various vegetal, animal and terrestrial worlds suddenly our common cosmopolitan condition raises questions about our relative deficiency of political dimensions worldwide. The only multilateral organization that helped the world deal with the pandemic, the World Health Organization, was repeatedly undermined and attacked while trying to organize its members around a unified policy response to the pandemic.

In sum, not many experts and elected officials understood what the virus borders were and how to limit its spread in the absence of vaccination. All those countries shared the same challenge: holding the virus back and preventing its entry as a Trojan horse in their country’s population. Other countries, such as Taiwan, South Korea, New Zealand on the contrary were much more effectively able to slow down and, in some cases, nearly eradicate the virus from their population without vaccination (New Zealand). Their health officials imposed policies sometimes perceived as extreme from the perspective of economic downturn and cost, or the psychological health of their populations.

The pages that follow offer borders scholars and policymakers a valuable trove of insights into dozens of borderlands around the world during the first weeks and months of coronavirus lockdowns, complete with specialist knowledge, local data, firsthand research, and critical observations. The project begs further synthesis and follow-ups in the months to come, as well as expansion to additional borderlands, including parts of the world untouched by this issue (namely East Asia and Oceania), and we hope to spearhead some of those efforts at *BIGH* in 2021 and beyond.

Note

Works Cited


