

Coda

Bordering the Pandemic

If journalism is the first draft of history, where does this leave research into the infrastructural status of borders during the COVID-19 pandemic? In the first half of 2020 the world was ravaged by the novel coronavirus. Currently, during the conception of this chapter, countless countries, economies, and societies still remain in lockdown during the second wave of the virus despite so-called exit strategies gradually being introduced. The dangers of the pandemic are far from over—without a widely available vaccine, new outbreaks await us. The development and distribution of a vaccine will likely be affected by struggles over power, profits, and national prestige that are already evident in the fight against the virus.¹ The pandemic will likely lead to other crises, economic, social, political, and geopolitical, and to a protracted wave of public health problems. For the foreseeable future, nothing seems unaffected by COVID-19.

This postscript addresses the significance of COVID-19 for borders as infrastructure, but with strict caveats. Although reporting on the pandemic's significance for European borders remains a perilous endeavor, the virus cannot be ignored—not only due to the nature of the health crisis and its undeniable consequences for borders and border control, but because the pandemic is revealing how easily borders as infrastructure slip into a state of emergency preparedness. Following my notion of “extreme infrastructure,” the encounter of borders with COVID-19 is not just an extraordinary event; it also intensifies the possibilities of extreme infrastructural policies made possible by existing technologies. The pandemic thus presents not only an extraordinary situation, but an intra-ordinary event for a mobile infrastructure well versed in the art of targeted intervention.

Renewed border checks were among the first measures taken in Europe to contain the virus. The Schengen Borders Code allows member-states to reintroduce temporary border controls when public policy or internal security is seriously threatened.² The closure of land, sea, and air borders has duly restricted free travel in the Schengen Area, turning it into “a tangle of unilateral border closures, bilateral tourism agreements, and free-movement bubbles.”³ And although the word “pandemic” etymologically refers to all (Gr., *pan*) people (Gr., *demos*), the consequences of the health crisis are unequally distributed. So, too, are the consequences of closing Europe’s internal and external borders. The COVID-19 pandemic is intensifying the infrastructural isolation, vulnerability, and often-violent living conditions of people in refugee camps and detention centers, both inside and outside Europe. These refugees often lack medical care, including access to masks, and access to clean water and nutrition, and they find it impossible to practice social or physical distancing. Further, travel restrictions are undermining the right to asylum of people fleeing war and persecution who seek refuge in European countries.

While the pandemic is drawing our attention to the links between border security, health security, and migration, what do mobile borders have to do with COVID-19? Human beings are not only the carriers of SARS-CoV-2, the virus that causes the disease; in their movements, they carry the border with them. Social and physical distancing implicates the reproduction and multiplication of borders as they penetrate society: public spheres are geometrically redesigned into public health spheres, while alternative routes and maps are rearranging the logistics and geography of social life. Discriminatory regulations are no longer imaginary; age and vulnerability, caused by, for instance, diabetes and lung diseases, become potential signs of contamination. As borders penetrate public life, they impose on bodies as well; in the era of COVID-19, the body is not just a fragile immune system, but a source of information. Vaccination certificates and immunity passports may well become the new tickets to mobility. The idea of the border is again incorporated in an infrastructure of monitoring, administration, and registration, linking the possibility of national and international movement to the health of human bodies and the risk of spreading the virus.

Another comparison that arises in the context of the pandemic is the technopolitical relationship among border infrastructures, the monitoring of international mobility, and systems of surveillance. Lockdowns in various countries and strategies to evade them are informed by modeling of the virus’s transmission, including patterns of human mobility. Before

COVID-19, health security systems already included surveillance networks featuring epidemic intelligence (EI)⁴—namely, detection and containment policies and a technological apparatus consisting of crisis rooms, monitoring systems, web scanning tools, and early warning and rapid response systems.⁵ A special form of health surveillance consists of Internet-based algorithmic syndromic surveillance.⁶ The information technology tools specific to the European Union (EU) were largely made possible by the establishment of the European Center for Disease Prevention and Control (ECDC) in 2004. By working closely with the World Health Organization, the ECDC would “soon become a regional hub” and “a mediator in expanding a closer regional health security assembly around EI priorities.”⁷ Its tools and monitoring activities include the EU Early Warning and Rapid Response System (EWRS), the Medical Intelligence System (MedISys), and the Healthcare Effectiveness Data and Information Set (HEDIS).⁸ Health security and surveillance seem to be following trajectories familiar to the development of border infrastructures, with representing and intervening going hand in hand.

While current efforts to improve surveillance are informed by public health concerns, the desirability of establishing an international system seems debatable when the exchange of information, the timely alert of outbreaks, and the ability to learn from the successes and failures of other countries are undermined by mistrust, cultural bias, economic strategies, and geopolitical gamesmanship. Like border surveillance policies to monitor and prevent migration, information networks and technologies of visualization lack accurate knowledge of the movements of people, patterns of circulation, and forms of human interaction. COVID-19 also suggests that surveillance is not the sole prerogative of states, as other types of knowledge seem indispensable for combating the virus.

Contrary to what many suspect today, “surveillance” in its original sense did not mean a type of supervision or the disciplining of citizens as in Jeremy Bentham’s panopticon or Michel Foucault’s population management. Instead, the term referred to the countercontrol of politics by the public.⁹ When states and international organizations fail to report in a timely manner, share data, organize knowledge transfers, and gain public trust, the translation of epidemic models and the monitoring of human mobility into policy measures are doomed to failure. When states ignore scientific knowledge or refuse to benefit from the data that the public can provide—through either tracking and tracing or widespread testing—they miss the opportunity to benefit from the wisdom of the citizens. Here, I do not consider the public

as an existing and already available reservoir of knowledge but rather, as outlined in chapter 7, as an observing, acting, and detecting infrastructure that carries out counterinvestigations and produces counterrepresentations that visualize what is invisible or what has been made invisible—and that compensates for the intended or unintended blindness of states.¹⁰

The integration of border and health security infrastructures again reveals the technopolitical modes of borders as tools, networks, and worldviews. As infrastructures, borders are more than dispersed, variegated, and proliferated entities; they are movable entities traveling between places and spaces, between centers and peripheries, inside and outside Europe, and between visibility and invisibility. While border infrastructures detect traffic, they also disguise this traffic by highlighting some movements, but not others. As tools, borders are used in response to COVID-19 to enforce particular behaviors and to restructure human mobility, as instruments in international politics and diplomacy, and as bargaining chips to negotiate the possibility of mobility. Border infrastructures thus merge with a variety of other networks and data, information, and knowledge infrastructures to create interoperable dashboards. Once again, interoperability seems to be less concerned about arriving at an omniscient overview of situations than about facilitating specific interventions.

Historians have been quick to point out that border controls tend to outlast whatever crisis they are supposed to prevent. From the responses of cities and city-states during the plague to the Habsburg monarchy's *cordon sanitaire* along its frontier with the Ottoman Empire, history contains numerous examples of cordons, closures, isolations, and quarantines.¹¹ History is indeed replete with instances of states declaring exceptional measures in emergency situations that continue long after circumstances reach some form of normality. While the COVID-19 pandemic may foreshadow longer-term restrictions on international mobility and a political opportunity to enforce stricter migration policies, the idea of “extreme infrastructure in intra-ordinary situations” suggests that what has been initiated in response to COVID-19 may also be a harbinger of our future. Future conflicts, pandemics, climate change, and environmental disasters will lead to novel forms of international mobility, not only of humans but of other species, viruses, bacteria, and parasites. Borders as infrastructure will likely expand their technopolitical repertoires to intervene in more and more situations involving other forms of hybrid mobility.

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Borders as Infrastructure

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