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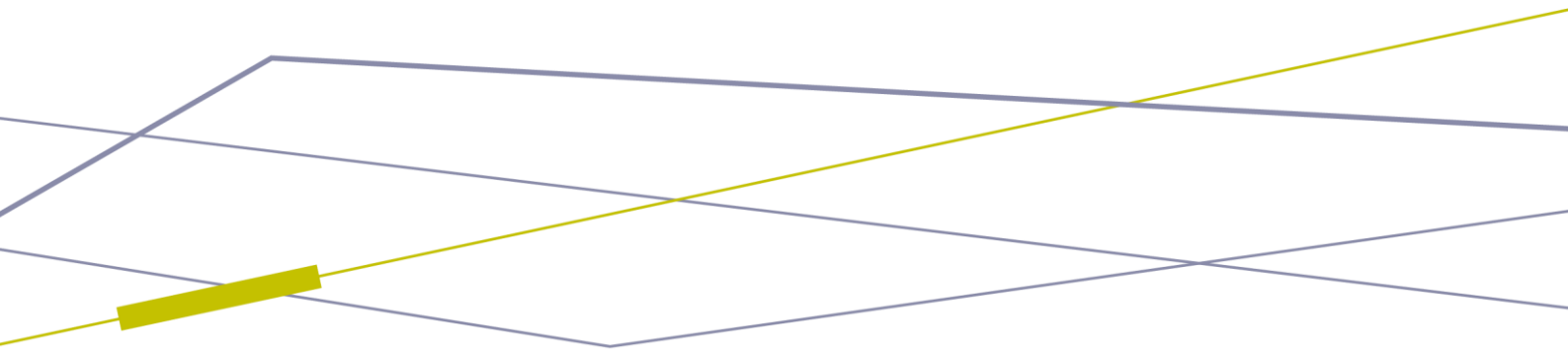
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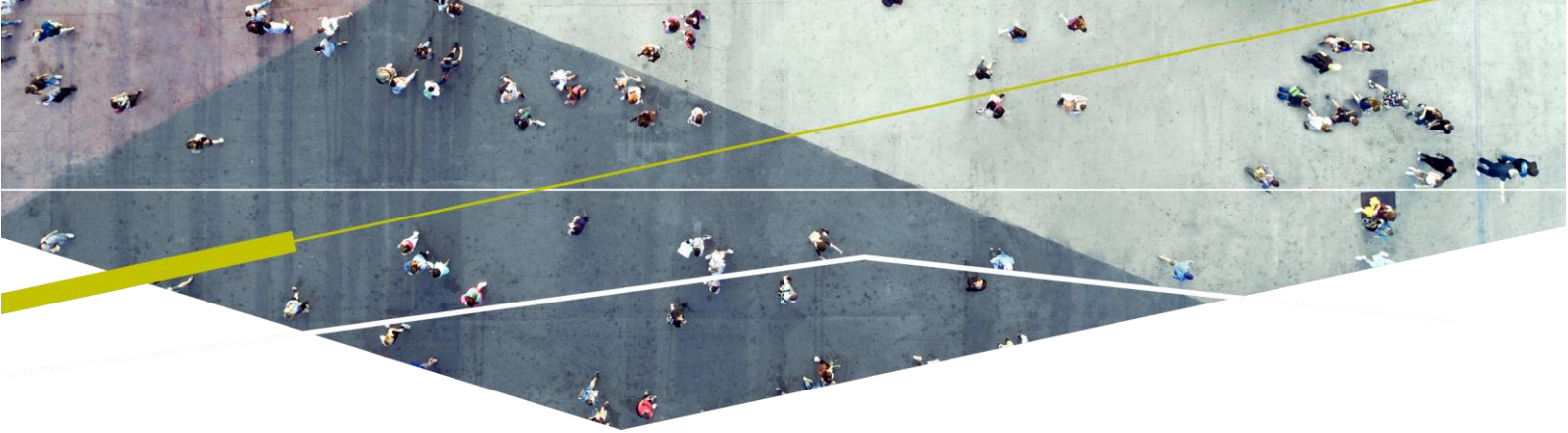
The pandemic of nationalism and the nationalism of pandemics

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UniGR-Center for Border Studies

CENTRE EUROPEEN D'ETUDES SUR LES FRONTIERES
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EN The UniGR-CBS is a thematic cross-border network of approximately 80 researchers within the university grouping University of the Greater Region (UniGR) conducting research on borders, their meanings and challenges. Due to its geographical position in the “heart of Europe”, its expertise and disciplinary diversity, the UniGRCBS has the best prerequisites for becoming a European network of excellence. For the creation of a “European Center for Competence and Knowledge in Border Studies”, the Interreg VA Greater Region program provides the UniGR-CBS network with approximately EUR 2 million ERDF funding between 2018 and 2020. Within this project, the UniGR-CBS aims at developing harmonized research tools, embedding Border Studies in teaching, promoting the dialogue on cross-border challenges between academia and institutional actors and supporting the spatial development strategy of the Greater Region.

FR L'UniGR-CBS est un réseau transfrontalier et thématique qui réunit environ 80 chercheuses et chercheurs des universités membres de l'Université de la Grande Région (UniGR) spécialistes des études sur les frontières, leurs significations et enjeux. Grâce à sa position géographique au « coeur de l'Europe », à sa capacité d'expertise et à la diversité des disciplines participantes, l'UniGR-CBS revêt tous les atouts d'un réseau d'excellence européen. L'UniGR-CBS bénéficie d'un financement d'environ 2 M € FEDER pendant trois ans dans le cadre du programme INTERREG VA Grande Région pour mettre en place le Centre européen de ressources et de compétences en études sur les frontières. Via ce projet transfrontalier, le réseau scientifique UniGR-CBS créera des outils de recherche harmonisés. Il oeuvre en outre à l'ancrage des Border Studies dans l'enseignement, développe le dialogue entre le monde scientifique et les acteurs institutionnels autour d'enjeux transfrontaliers et apporte son expertise à la stratégie de développement territorial de la Grande Région.

DE Das UniGR-CBS ist ein grenzüberschreitendes thematisches Netzwerk von rund 80 Wissenschaftlerinnen und Wissenschaftlern der Mitgliedsuniversitäten des Verbunds Universität der Großregion (UniGR), die über Grenzen und ihre Bedeutungen sowie Grenzraumfragen forschen. Dank seiner geographischen Lage „im Herzen Europas“, hoher Fachkompetenz und disziplinärer Vielfalt verfügt das UniGR-CBS über alle Voraussetzungen für ein europäisches Exzellenz-Netzwerk. Für den Aufbau des Europäischen Kompetenz- und Wissenszentrums für Grenzraumforschung wird das Netzwerk UniGR-CBS drei Jahre lang mit knapp 2 Mio. Euro EFRE-Mitteln im Rahmen des INTERREG VA Großregion Programms gefördert. Im Laufe des Projekts stellt das UniGR-Netzwerk abgestimmte Forschungswerkzeuge bereit, verankert die Border Studies in der Lehre, entwickelt den Dialog zu grenzüberschreitenden Themen zwischen wissenschaftlichen und institutionellen Akteuren und trägt mit seiner Expertise zur Raumentwicklungsstrategie der Großregion bei.





The pandemic of nationalism and the nationalism of pandemics

Eva Nossem

In current times, the coronavirus is spreading and taking its toll all over the world. In spite of having developed into a global pandemic, COVID-19 is oftentimes met with local national(ist) reactions. Many states pursue isolationist politics by closing and enforcing borders and by focusing entirely on their own functioning in this moment of crisis. This nationalist/nationally-oriented rebordering politics goes hand in hand with what might be termed 'linguistic rebordering,' i.e. the attempts of constructing the disease as something foreign-grown and by apportioning the blame to 'the other.' This paper aims at laying bare the interconnectiveness of these geopolitical and linguistic/discursive rebordering politics. It questions their efficacy and makes a plea for cross-border solidarity.

Coronavirus, COVID-19, solidarity, pandemics, nationalism, border, border closure, naming practices

Die Pandemie des Nationalismus und der Nationalismus der Pandemien

Das Coronavirus breitet sich zur Zeit aus und fordert seinen Tribut weltweit. Zwar ist COVID-19 nun zu einer globalen Pandemie angewachsen, doch wird ihm häufig mit national(istisch)en Reaktionen begegnet. Viele Staaten verfolgen eine isolationistische Politik; sie schließen und verstärken ihre Grenzen und konzentrieren sich in diesem Moment der Krise ganz auf ihr eigenes Funktionieren. Diese nationale bzw. nationalistisch orientierte Politik des Rebordering geht Hand in Hand mit etwas, das als sprachliches Rebordering bezeichnet werden könnte, d. h. Versuche, die Krankheit als etwas Fremdes und Importiertes zu konstruieren, und so die Schuld daran dem „Anderen“ zuzuweisen. Ziel dieses Beitrags ist es, die Verflechtungen dieser geopolitischen und sprachlichen/diskursiven Politik des Rebordering aufzudecken. Ihre Wirksamkeit wird in Frage gestellt und es wird für eine grenzüberschreitende Solidarität plädiert.

Corona-Virus, COVID-19, Solidarität, Pandemie, Nationalismus, Grenze, Grenzschießung, Benennungspraktiken

La pandémie du nationalisme et le nationalisme des pandémies

Actuellement, le coronavirus se propage partout et secoue le monde entier. Bien qu'ayant pris la dimension d'une pandémie mondiale, le COVID-19 suscite souvent des réactions national(ist)es. De nombreux États poursuivent des politiques isolationnistes, fermant et renforçant leurs frontières, et se concentrant entièrement sur leur propre fonctionnement en ce moment de crise. Cette politique nationale, voire nationaliste, va de pair avec ce que l'on pourrait appeler rebordering linguistique, c'est-à-dire la tentative de construire la maladie comme étant le produit de quelque chose d'étranger, la faute étant, par conséquent, à rejeter sur l'« Autre ». L'objectif de cet article est de mettre en lumière les imbrications de cette politique géopolitique et linguistique/discursive de Rebordering. L'article s'interroge sur l'efficacité de cette dernière et plaide pour une solidarité transfrontalière.

Corona-Virus, COVID-19, solidarité, pandémie, nationalisme, frontière, clôture de la frontière, pratiques de désignation

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The ‘pandemic of nationalism,’ which has been ongoing and increasing over the last years (and which has now reached new peaks with the latest attempts of transforming Hungary into a dictatorship) is currently being complemented by what we might call the ‘nationalism of pandemics.’ Not only is the current global spread of the coronavirus tackled with national (and local) responses and states are stacking up to ensure health treatment¹ and supply for their own population – with all the complications of who belongs and who does not count in. In addition, emphasis is placed on the search for a scapegoat and the originator of COVID-19, and we can observe numerous attempts of apportioning blame and (racist) finger pointing towards other states for their presumed errors in fighting the pandemic. Considering these two current developments simultaneously allows us to carve out the interconnectedness of pandemic-related naming practices and the nationalism/nationally-oriented politics we can currently observe in many parts of the world.

Linguistic rebordering practices in the context of pandemics

On March 25, 2020, the G7 countries’ failure to issue a joint statement because of Washington’s insistence on using the label ‘Wuhan virus’ hit the headlines (Hudson and Mekhennet, 2020), and the U.S. administration has been working hard over the last weeks to enforce the name ‘Chinese virus’ as the official label for the coronavirus during their press conferences. This move of rebranding the virus by using a specific ‘place-mark’ is just one of many strategies of apportioning the blame for the (spread of the) virus to a specific place/country and to construct the disease as a foreign-grown threat to the nation. In this vein, Washington’s attempts have been happily taken up in nationalist politics in other parts of the world: Jair Bolsonaro’s son aggressively attacked China by blaming it for the pandemics (Phillips, 2020). The oftentimes criticized Italian TV reached a new all-time low when the former minister of internal affairs and right-wing politician Matteo Salvini and presenter Barbara D’Urso recited a prayer live on TV for all the Italian death cases of the pandemics (Rubino, 2020), and, in the same show, Alessandra Mussolini, notorious supporter of her grandfather’s fascist politics, silenced the invited virologists and experts by insisting the ‘Wuhan virus’ were created in a secret lab by the Chinese (Drogo, 2020). Countless other examples could be put forward, and the list is getting longer every day.

Concerning current understandings of ‘borders’ and ‘bordering’ van Houtum and van Naerssen define ‘borders’ as “symboli[zing] a social practice of spatial differentiation” (van Houtum and van Naerssen, 2001, p. 126). In her entry in the UniGR-CBS glossary border studies, Nienaber explains ‘bordering’ as “processes which include modifications of the socio-spatial, dynamic, and political organization and order on different scales” (Nienaber, 2020, forthcoming; my translation), and ‘rebordering’ as the “strengthening of existing borders and also the emergence of new types and functions of borders” (ibid.; my translation). Based on these considerations, the practice of naming in this specific case can be understood as a linguistic practice of (re-)bordering, as ‘linguistic (re-)bordering’ processes: The disease is assigned to a specific location outside of one’s own borders and thus created as something foreign, which is then seen as a threat to the nation from the outside.

It is easily understandable that this divisionary naming tactics does not offer any solution to the problem or any help in the fight against the pandemic. Quite on the contrary: Along with the scapegoating of China, discrimination and racist attacks against Asian people have been on the rise in the West with the Italians (and in our local region also our French neighbors from Grand Est) being the next in line to come under attack.²

All the noise about the naming of the virus can be best confronted by critically putting the tactics of naming (particularly of diseases) in a broader context. This specific virus might be new, but scapegoating through naming surely is not. In 2015, the WHO already issued guidelines for the naming of diseases “to minimize

¹ E.g. the (in)famous takeover offer by Donald Trump to a German drug developer, as reported in Dams, 2020.

² E.g. the assertion by the British physician and TV star Christian Jessen that the Italians used Corona to have a “long siesta” (Harrison, 2020) or the banned ‘no nasty imports’ advertisement by a British company (Sullivan, 2020) and unfortunately many many more.

unnecessary negative effects on nations, economies and people,”³ in which it criticized stigmatizing naming practices and clarified that the authority of naming lies with them: “The final name of any new human disease is assigned by the International Classification of Diseases (ICD), which is managed by WHO.”⁴ The history of naming diseases after geographic locations and particularly nations mainly seems to go hand in hand with the development of ‘the nation,’ dating back to the 19th century. One of the most famous pandemics so far, the influenza pandemic of 1918-20, today is still commonly known in English as the ‘Spanish Influenza.’ When the disease spread all over the world it was rebranded as ‘Spanish Influenza,’ not because of its origins, which probably were in the U.S., but because of the severity with which it hit Spain. The OED states:

Spanish influenza *n.* epidemic or pandemic influenza; *spec.* the pandemic of 1918–19, which was the most widespread and virulent of all known influenza outbreaks (to date); frequently *attributive*.

The 1918 pandemic is thought to have originated in the United States, but relatively early in its course was very severe in Spain. The pandemic of 1889–90 was commonly called *Russian influenza*.

1890 *Daily News* (St. Paul, Minnesota) 5 Apr. 4/2 Mme. Emma Nevada has entirely recovered from her long attack of Spanish influenza.

1918 *Times* 25 June 9/4 Everybody thinks of it as the ‘Spanish influenza’ today.

1953 *Trans. Royal Soc. Trop. Med. & Hygiene* 47 442 The so-called Spanish influenza had been unduly prevalent in Europe during the spring and early summer of 1918, spreading along lines of communication from western Europe to most parts of the world.

2005 *BBC Focus* Dec. 5/4 He has published 250 scientific papers, with his main interest being the pathogenicity of influenza, in particular the 1918 Spanish Influenza strain.

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Fig. 1: Oxford English Dictionary: “Spanish influenza.”⁵

In an article published by CNN’s Harmeet Kaur, the hypothesis is proposed that maybe Spain was not hit worse than other European states but that it simply had a more open and honest handling of the disease and was more honest than other states during the instable situation of crisis at that time.

In his article in the *Washington Post*, Shafer fans out the different naming practices of the 1920s influenza in other countries and languages: “[N]ations were pointing fingers at one another. Spain also called the virus the ‘French flu,’ claiming French visitors to Madrid had brought it. ‘Germans called it the Russian Pest,’ wrote Kenneth C. Davis in his book, ‘More Deadly Than War.’ In a precursor to today’s crisis, ‘The Russians called it the Chinese Flu’” (Schafer, 2020).

In drawing a parallel to the current naming discussions, Shafer smirkingly suggests that COVID-19 should be referred to as the ‘American Disease,’ weren’t it for the fact that the label had already been taken in earlier times, namely as a 17th century name for syphilis, as he quotes from Blount’s dictionary (1656). As the definition by Blount shows, also the ‘American Disease’ ran under different names blaming at the same time the Indies, Spain, Naples, and France: “American Disease. The great Pox, brought first from the Indies by the Spaniards into Christendom, and at the Siege of Naples, they bestowed it on the French their enemies in the year 1528” (Schafer, 2020).

As already briefly hinted at in the quote above, syphilis is considered one of the first diseases, which spread globally. Even though met with doubt and branded ‘the Columbian theory for syphilis,’ there is much to suggest that Columbus brought it to Europe together with potatoes, corn, and tobacco, and in exchange for over 30 diseases he and his crew introduced to the Americas such as measles, smallpox, influenza, decimating immense numbers of the Indigenous population. A major breakout took place during the Renaissance among the French army when they invaded Naples, where it was commonly referred to as *il mal francese*, Latinized as *morbus Gallicus*, relying on geographical naming. The common name in use still today dates back to the epic poem “Syphilis sive morbus gallicus” published in 1530, which unfolds an explanatory story on the origin of the disease as a punishment by the gods (Pou, 2013).

Also the earliest influenza pandemic for which detailed records are available is commonly named after its assumed origin, namely the ‘Russian flu,’ which hit the world in 1889-90.⁶ At the end of the 1950s, an influenza pandemic spread from China all over the world, which became known as the ‘Asian flu,’ followed a decade later by the next influenza pandemic, then called ‘Hong Kong flu’ in the West.⁷ All summed up, the

³ WHO: “[WHO issues best practices for naming new human infectious diseases.](#)” May 08, 2015.

⁴ WHO: “[WHO issues best practices for naming new human infectious diseases.](#)” May 08, 2015.

⁵ OED: “[Spanish influenza.](#)”

⁶ MSN Encarta: “[Influenza.](#)”

⁷ MSN Encarta: “[Influenza.](#)”

outbreak of major influenza pandemics seems as predictable as the subsequent practices of scapegoating and stigmatizing naming.

As the above examples demonstrate, not only has the practice of assigning a specific geographical marker always been rather disputable in terms of its truth content but it also has been useless in fighting pandemics. To this day, there hasn't been a single case of infection that has been prevented by being labeled as French, Italian, American, Russian, or Chinese. Quite on the contrary: The presumptuous othering practice of allocating diseases to something 'foreign' contributes to giving the own population a false sense of security and consequently an oftentimes careless attitude which might prove particularly dangerous at a later time. This practice of disease-based othering, which might be termed 'linguistic rebordering,' also entails that every state and community has to learn from their own experiences. It also impedes them from learning from each other – a fatal error, as we can see now.

Disease-based border politics and national(ist) rebordering practices

In a similar manner as the stigmatizing naming and scapegoating function as attempts of putting the blame for a global problem to a very specific and limited geographical location, the reactions to the current pandemic also mostly seem to follow a strictly localized path: health systems; economic assistance programs; news coverage; food (and toilet paper!) supply; lockdowns, curfews, and quarantine measures; and particularly statistics, figures, and graphs all focus exclusively on the national, regional, and local level. Disease-related stigmatizing naming practices translate into disease-related nationalist rebordering processes. Also in Europe and in the Greater Region, closing the borders, as ironically and adversely as it is because it coincides with the 25th anniversary of the Schengen agreement, is the consequence of a politics that follows such a logic.

In an uncooperative and isolationist move, Saarland, the location from which I am observing the developments of the current crisis, closed its borders to France and Luxemburg on March 15, 2020. Our special connection to France (as e.g. formalized in Saarland's France Strategy), our friendship with French and Luxemburgish neighbors, the much-invoked cohesion of our Greater Region, our particular cross-border spirit, often-cited to boast our region as the cradle of Europe – in the new, rebordered corona-world, these ideas don't seem to count that much any longer. The fear of Grand Est as a coronavirus hotbed seemed to have made political decision takers throw overboard their pre-corona convictions. Turning away its gaze from the Greater Region, Saarland shifted to nationally-oriented policies; together with Bavaria it was among the first states to close its borders, hoping for the rest of the country to follow, and to be backed-up in its politics by a nation-wide strategy issued by Berlin. The line of thought of such politics is crystal-clear: to protect one's own State from a threat from the outside, with this 'outside' being represented in the case of Saarland mainly by Grand Est. Not only have the friendship bonds and affinities been seemingly erased and forgotten, but also the social and economic interweavings are now ignored. At the same time, Grand Est has been suffering immensely from the pandemic and has been desperately trying to cater to the needs of the enormous amount of people who have fallen seriously ill.

Luckily, on March 22, 2020, the Saarland government as well as the governments of the neighboring German regions of Rhineland-Palatinate and Baden-Württemberg agreed to help Grand Est to take care of a number of seriously ill patients in need of intensive treatment in their hospitals for as long as there are free ICU beds available. A good decision and an important signal of solidarity, no doubt! What remains, though, is a bitter taste that it took Saarland an entire week to offer help while in Grand Est people were dying. To stick to medical terminology, it seems that as if the proclaimed slogan 'Heart of Europe' fell critically ill, too, during this crisis, and might be in urgent need of a pacemaker!

The knee-jerk reaction of closing borders is a protective, isolationist move which Saarland shares with other states and countries in many parts of Europe and the world. Austria, Switzerland, and Slovenia have closed their borders with Italy or introduced tough border checks, with Austria banning all Italians from entering the country.⁸ Denmark has sealed its border to Germany, the Czech Republic has locked itself up, Norway has closed its borders, and so did Poland, who additionally has banned all foreigners from the country, Spain has completely shut off, and the list goes on. Ironically, the probably most discussed European border up

⁸ Schengen Visa Info: "Austria Bans Italians from Entering Due to Corona Virus." March 11, 2020. <https://www.schengenvisa.info/news/austria-bans-italians-from-entering-due-to-coronavirus/>; last accessed 04/01/2020.

until February has now become the latest European border which is still open without any restrictions: the border in Northern Ireland (Salcedo and Cherelus, 2020).

Even worse and dramatic is the situation around the EU's outer borders, particularly for migrants and refugees. The shift of the public attention together with the nationally-oriented isolationist politics in Europe has made their fate fall into oblivion. No matter if in the infamous Moria refugee camp on the Greek island of Lesbos or around the closed border crossing points on the Balkan route, refugees are closely locked together in poor hygienic conditions with no access to appropriate safeguard measures. In the current phase, as volunteer helpers, doctors, and aid organizations leave the camps, the people still stuck there have been abandoned to their fate. By forsaking the most vulnerable at our borders and by turning a blind eye both on their sufferings and fears as well as on the risk of a health hazard in case of potential coronavirus hotbeds in these camps, the blinkered concentration on national interest unveils the deadly underside of these nationalist and nationally-oriented politics of rebordering and unmasks them as mere hypocritical snow jobs. Closing the border during the corona crisis is, of course, not an act that the Europeans have invented, but as the idea of open borders has been such a crucial element in the formation of a 'European' identity and the shared self-image across the entire Schengen area, border closures weigh particularly strongly in Europe.

Before the virus reached Europe, Asian states were already looking for suitable policy measure to tackle the spread of the virus. Already at an early stage, on January 23, 2020, did Taiwan reinforce its border controls, banning all Chinese travelers from the region of Wuhan from entering its territory (Chen et. al, 2020). In Hong Kong, the corona crisis has been further stirring up anti-mainlander feelings during an already tense situation of ongoing protests, and pressure was put on the pro-Beijing Chief Executive Carrie Lam to fully close Hong Kong's borders to the People's Republic, to which she yielded by and by at the beginning of February (Lee and Andersen, 2020). In addition to mobility restrictions across borders, some Asian countries, e.g. Taiwan and South Korea, have focused mainly on monitoring and tracking their population with technologically-supported control mechanisms (Yun, 2020).

So far, the U.S.-American policy to fight the pandemic has been characterized, on the one hand, by attempts of ignoring and downplaying the issue without missing any opportunity of scapegoating, and on the other by its jingoistic foreign policy: Not only were it first of all the U.S. who, with their travel ban on March 13, 2020 (Carrol and Moskowitz, 2020), taught Europeans the lesson that borders, this time, could also be sealed to them. After the shared U.S.-Canadian decision to close their border for non-essential travel, U.S.-American border politics took a new direction on March 26, 2020, when the news emerged that the U.S. government was planning to send troops to secure the Northern border (Ali and Landay, 2020), leading to criticisms of the 'Mexicanization' of the 49th parallel (Dupeyron, 2020).

While the current situation of closed borders and restrictions on mobility might seem new to many in the privileged parts of the world, disease-based border closures are nothing new, as a glance on the historical development of borders reveals. E.g. in the U.S., the protection against diseases has played a role in the development of its borders which was as influential as the later issues of/restrictions on immigration. The predecessor of today's much-discussed border wall separating the U.S. and Mexico was a fence built in Baja California at the beginning of the 20th century to limit the spread of a cattle disease:

"The very first border fence separating the United States and Mexico, for example, began to control disease not immigration. From 1909 and 1911 the United States constructed the first section of border fence along the northern part of Baja-California. It aimed to create a physical barrier between Mexican cattle carrying Texas Fever and the American herds who were free of the disease. The shape and purpose of the physical barrier between Mexico and the United States changed over the next century. Its foundations, however, began with a desire to control illness." (Hoy, 2020)

Disease-control has also played an important role in the history of the U.S.-Canada border, where it lays bare the intertwined politics of immigration and disease-control in North America:

"Historically, disease-based border policies have [been] impacting everything from the distribution of immigrants in North America to how the governments of Canada and the United States have justified their control over Indigenous people. Regulations around disease at the start of the twentieth century, for example, encouraged immigrants from places like Japan to choose Canada rather than the United States as their point of entry into the continent. Immigrants failing medical examinations in the United States faced immediate deportation. Those who failed such tests in Canada could remain if immigration agents deemed the condition treatable." (Hoy, 2020)

While the global North itself is struggling with the pandemic, the situation in the global South has faded from view and has hardly found space in the global news coverage of the coronavirus. Over the last decades, the world was used to periodically occurring epidemic outbreaks in the global South: Ebola has rampaged Congo, Uganda, and West Africa over and over again, Cholera has been hitting different African countries and also Vietnam, Yellow fever afflicted African countries, and Dengue fever and some years ago the Zika virus spread in South America.⁹ For the most part, the global North was spared from these diseases and could limit its involvement to adopting an observer's position and to sending support programs. This time, the coronavirus took the opposite route: Its outbreak and the initial spread was almost exclusively limited to the global North; the virus travelled from Asia¹⁰ to Europe and North America, while the global South was still virus-free.

As the current developments show, the virus, initially termed "the virus of the rich" because of its spread across the economic hubs of the world, does not make a difference between rich and poor, as it has, in the meantime, also reached the Maghreb and the 'Middle East'¹¹ and now also almost the entire African continent, South America, and the rest of Asia. Now that the virus has started to spread all over Africa, in the favelas of Rio de Janeiro, the slums of Delhi, and in all parts of the global South, attention for the looming tragedy cannot be repressed any longer. A few social-Darwinist/Malthusian hypothesis, as curious as problematic¹² as well as colonial/racist ideas¹³ negatively stick out in a mass of gloomy and dismal outlooks on future developments of the COVID-19 pandemic in Africa.

In their article "What Factors Will Decide the Fate of the Global South in the Coronavirus Pandemic?" Erondu and Agogo observe a semantic change in the global North-global South dichotomy due to the pandemic: "The term 'global south'—used to capture differences in economics and development—now captures the divide in investment in healthcare systems, and the probability that these systems can contain the spread of the COVID-19 disease" (Erondu and Agogo, 2020). The key factor in surviving this pandemic, both South and North, is thus the accessibility of functioning healthcare systems.

In search of hope we might clutch at the straw that in the aftermath of the last Ebola epidemic, reforms have been adopted in the regional and national health systems, and the *Africa Centres for Disease Control*¹⁴ were created. The newly implemented reforms and centers are now subject to a stress test that will attest their (lack of) suitability to the current situation.

A border-crossing virus and the question of national borders in a globalized world

The coronavirus, thanks to its relatively low mortality rate in combination with its high transmissibility, is showing off to the world its fitness to travel and remains quite unfazed by the implemented border closings. As an open and honest look at the world makes us understand immediately, the world is now more divided than ever – only at a first glance caused by the rebordering processes all over the world, but even more prominently so by the increasing disparities between rich and poor. The coronavirus, spread by the rich (who travelled their globalized world), will hit worst the poor (especially if with restricted mobility). In this crisis (and surely in the months to come), the saying 'Whether rich or poor, all are equal in death' only seldomly shall prove to be true. As the title of Margaret Talev's analysis of her survey in the U.S. "Rich sheltered, poor shafted amid virus" (Talev, 2020) sums up: The rich have the by far better opportunities of shielding themselves from the virus, the poor are exposed to it without protection. The three commandments preached in the news all over the world now – stay home, keep distance, wash hands – are only feasible for a limited

⁹ Wikipedia: "List of epidemics." https://en.wikipedia.org/wiki/List_of_epidemics; last accessed 04/05/2020.

¹⁰ N.B.: I am aware that attempts of classifying the PR China within the global North – global South dichotomy might be questionable. Considering China's role in the globalized economy, its overseas economic interests, and also the fact that the virus started in Wuhan, an emerging industrial and economic hub in central China, justifies the classification as part of the global North.

¹¹ I use the term "Middle East" because of its geographical 'stretchability', even though I acknowledge its Western/Eurocentric connotations.

¹² E.g. claims that COVID-19 were not as bad for younger people, and thus not a problem for Africa with the world's youngest population (Chopera, 2020).

¹³ E.g. use Africa as a testbed for vaccine testing (Kossoff, 2020).

¹⁴ Africa Centres for Disease Control <https://africacdc.org/>; last accessed 04/07/2020.

portion of humankind while the rest maybe does not have a home, maybe lives in circumstances where it is impossible to keep distance, and maybe has no access to clean water.

What seems so extraordinary about the corona pandemic is, besides the anxieties and fears for health and wealth, that the rich, too, are now experiencing severe restrictions of their basic rights, among which also the right to movement. The mobility-limiting power of the border now also applies to them: No longer does the border represent an obstacle only to the poor, to those who are fleeing, to the prosecuted, to the marginalized, but now it also confines the rich and powerful. Whereas border closures hitherto were discussed mostly in a unidirectional way, typically to block northward movements from the Global South, the permeability of the border is now more and more decreasing also in the other direction and oftentimes the border now works both ways (see e.g. the Mexican-U.S. border, where protesters on the Mexican side have shut down the border for U.S.-Americans to prevent them from entering Mexico (Zurcher, 2020)).

Even though the intention of stopping the spread of the coronavirus serves as a justification for rebordering processes all over the world, the efficacy of such measures is debatable. Please do not get me wrong: Observations show that the spread of the virus can be slowed down by restricting the close physical contact between people. Physical (let's not call it 'social') distancing clearly seems the key, especially at the current moment when we are still far from a reliable cure and tested vaccines. But it is necessary to raise the question if all this rebordering is of any help, and particularly to take into account the commensurability of closed territorial borders.

Does thus the closed border fulfil its purpose of preventing people from getting in touch and staying away from each other? The possibilities of the transmission of the virus are not entirely clear yet, but what we are safe to say is that the virus does not care about borders, be they open or closed. The current border closures e.g. in our Greater Region ban border crossings for private purposes. Trucks with supply goods may continue to cross the border and so may many work commuters. This means that the exchange across the border takes place nevertheless, though to a limited extent, as the border closure only applies to private individuals (who are currently confined to their homes anyway), not to economic actors exercising their professional activities. Furthermore, border closures at the until most recently still open Schengen borders can only be enforced at official border crossings, i.e. at roads and streets that usually lead the traffic across the border. Countless smaller paths – so-called desire paths – remain as open as ever, and the forests and fields along and across the border of course resist control due to their topographical features and offer countless possibilities to local individuals to get across in spite of the official closure.

As the porosity of the closed border in this example of the Greater Region shows, a tight sealing of the border can neither be the objective of the current rebordering measures nor can it realistically be achieved. This assessment suggests that closing the borders might possibly also fulfill other purposes.

State control over borders, as we know well by now, has not been limited to the territorial boundary line as drafted on maps. Several approaches have been made to look at the twofold relation of borders and mobility, on the one hand their function of limiting mobility and on the other borders becoming more and more mobile themselves. In such a line of thought, Ayelet Shachar speaks of the 'shifting border' and states the following in her observations on the current crisis:

"Instead of waning and disappearing, states have engendered a whole new legal cartography of control over borders and movement. No longer a static and immovable barrier, the border has become a mobile, agile, sophisticated, and evertransforming legal construct – a shifting border, which can be planted and replanted in myriad locations, with dramatic implications for the rights and protections of those falling under its remit." (Schachar, 2020)

The reinstallation of the border makes visible and demarcates the space in which the State takes on responsibility for its population to which it grants certain "rights and protections" (let's not forget the exclusionary mechanisms which still apply within this sphere – who is considered part of the population? Who gets more medical attention than others? Who is considered of more value to the State?). What goes on on the other side of the border can be screened away and blocked. The border thus serves as a demarcation to assert the population for which the State takes responsibility and over which it exerts its power.

Closed borders and nationally-oriented/nationalist politics are interdependent. Border closures are not only the result of a restrictive politics which focuses merely on the national or state level; closing the border, in turn, also reinforces a limited view on the national. The State has closed its borders to indulge in navel-gazing: An excessive amount of attention is dedicated to observing its functioning, as shown by the proliferation of statistics and graphs in the news, about infection rates, death rates, free ICU beds, but also about

economic losses, assistance programs, and the respective applications, and particularly about police interventions to ensure compliance with current mobility restrictions, attempted border crossings, and the number of people returned at the border. These days, a closed border is part of the statistical toolset: Detailed localized statistics serve as apparently objective measurements and evaluation results of the actions taken. The framework of facts and figures is presented as the driving force behind all political decisions, and restrictions such as border closures are explained as compelled by the force of numbers.

A closer look at the politics of rebordering might thus serve to look behind the loudly debated purpose and effectiveness of border closings and unveil the basic function of a territorial border as a power tool of the nation state. The territorial border takes on the main task of displaying the strength of State power in this moment of crisis.

Whatever steps might prove useful in limiting the actual spread of the virus remains to be seen, but surely international and cross-border cooperation seems more promising in the fight against a global phenomenon than isolated and isolationist State politics. As we learn from the example in Baja California: More than 100 years later, the fence once installed to shield the U.S.-side against the cattle disease on the Mexican side, has not been dismantled since, and has actually hardened into a wall. Thus, the current situation and trends imply new urgent tasks: While in the fields of virology and vaccine R&D medical experts are working full steam for cures, treatments, and prevention of COVID-19, we have to put as much effort in making sure that the virus does not turn into an accelerator for a sustaining spiral of nationalism and rebordering.

Conclusion: The critically ill nation state & solidarity as a cure for society

Fighting against the virus is at the core of the current crisis, even though the problems surfacing during this crisis are not limited to medical aspects. Economic crisis intensifying the ongoing failure of liberal capitalist systems with disparities between rich and poor rising at least as exponentially as the Corona infection rates, restrictions of basic human rights such as the freedom of movement, unprotected exposition of the most marginalized, insufficiencies of national health systems caused by years of cuts and privatizations, triage in medical decision-making processes: The list goes on and these are only the challenges in the global North.





Fig. 2: Banner on the Friendship Bridge, Kleinblittersdorf; border crossing Saarland – Grand Est, March 27, 2020 (photograph by Eva Nossem)
"La Sarre ou la Lorraine. Aidez-vous les uns les autres et restez fort !" ["Saarland or Lorraine. Help each other and stay strong!"]

The devastating effects of the virus in the global South will become apparent in the months to come. The path to the future which we have stepped on now with the crisis and the related implemented measures might lead us in two opposed directions: one nationalist, authoritarian, repressive, hypercapitalist, and social-darwinist. The other direction, however, points to more international and cross-border cooperation, social justice, grassroots democracy, and solidarity. An important (though still small) step is taken in Europe to distribute critically ill patients to free ICU beds in other regions, also across borders. In the same line, we should also implement a solidary distribution of medical equipment (masks, ventilators, ICU, etc.) according to needs. The current crisis clearly shows: the nation state and its liberal capitalist system is as critically ill as many COVID-19 sufferers, and response measures of isolationist endeavors are doomed to fail. If we affirm that 'we are all in this crisis together,' instead of practicing scapegoating and supporting an exclusionary politics, the focus must be on the 'together,' on a local, regional, and international/cross-border level. The current moment of crisis bears the potential and may lead to a much-evoked turning point. Activists and academics are organizing across the boundaries of quarantines, lockdowns, curfews, and closed borders. People are calling for and working on multiscale solidarity, and politics can follow: We need to put in all our effort to make sure that territorial borders do not become borders of solidarity. And whatever the cure to COVID-19 might be, solidarity surely is the cure to many of this world's current diseases.

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