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“We Closed the Ports to Protect Refugees.” Hygienic Borders and Deterrence Humanitarianism during Covid-19

Abstract: This article investigates how the security-humanitarian rationale that underpins migration governmentality has been restructured by and inflected in light of hygienic-sanitary borders which enforce racialised confinement in the name of both migrants' and citizens' safety from infection by Covid-19. Focusing on the politics of migration containment along EUrope's frontiers, examining in particular border reinforcements carried out by Italy, Malta and Greece, we interrogate how the pandemic has been exploited to enact deterrence through hygienic-sanitary border enforcements. These enforcements are underpinned by an ambivalent security-humanitarian narrative that crafts migrants as subjects who cannot be protected by EU member states from the pandemic if allowed inside, and, at once, as potential vehicles of contagion - 'Corona spreaders' - and thus as dangers on a bacterial-hygienic level. Our article demonstrates that these EUropean border measures are more than temporary responses to an unprecedented health crisis. Rather, the pandemic has been seized as an opportunity to strengthen existing deterrence measures and hamper migrants' access to asylum through biopolitical and spatial tactics that aim to restructure the border regime. While emphasising the historical trajectories and continuities underwriting these current developments, we contend that the pandemic functions as an accelerator of dynamics of migrant incarceration and containment.

Introduction

In April 2020, in light of the Covid-19 pandemic, Italy and Malta declared their ports 'unsafe', suggesting that migrants rescued in the Mediterranean Sea could not be disembarked. Officially, both Italy and Malta's declarations of 'unsafety' were presented as measures meant to protect not only Italian and Maltese citizens, but also the migrants themselves by preventing them from being exposed to health risks in EUrope.¹ Thus, not merely throughout EUrope's Schengen zone but also at its external maritime frontiers, border closures have become enforced in the name of hygienic-sanitary protective measures (Human Rights Watch, 2020a). The decision of EU member states to refuse to disembark migrants for their own good accentuates a relevant shift, this article suggests, in humanitarian-security discourses and rationales on unauthorised migration and people seeking asylum. Indeed, in the context of a global health emergency, migrants in distress in the Mediterranean Sea have become viewed not merely as dangers, in the sense of potential criminals or terrorists, neither simply as victims to be saved. Rather, migrants are increasingly depicted as those who have to be contained 'elsewhere' - outside of EUrope or confined within - for their own well-being and safety given that they could not be protected by EUropean countries struggling to combat a pandemic and as they themselves could be vehicles of contagion. In this way, EUrope is actively turning itself not merely into a hostile but also into an *unsafe and risky environment*, supposedly unable to take

care of asylum-seekers and to prevent them from being infected as well as from infecting European citizens.

This article investigates how the security-humanitarian rationale that underpins migration governmentality has been restructured by and inflected in light of hygienic-sanitary borders which enforce racialised confinement in the name of both migrants and citizens' safety from infection by the Covid-19 virus. Hygienic-sanitary borders function, we suggest, through mechanisms of confinement, exclusion and selection which are predicated on the logic of "contain to protect" in reference to a global health threat. Focusing on the politics of migration containment along Europe's external frontiers, we interrogate how the pandemic has been exploited to enact deterrence through hygienic-sanitary border enforcements. These recent measures and transformations, we argue, are more than temporary responses to an unprecedented health crisis. Rather, the pandemic has been seized by European states and institutions as an opportunity to strengthen existing deterrence measures and hamper migrants' access to asylum through biopolitical and spatial tactics that aim to restructure the border regime in the long-term. While emphasising the historical trajectories and continuities underwriting these current developments, we contend that the pandemic functions as an accelerator of dynamics of migrant incarceration and containment.

Indeed, the port closures enforced by Italy and Malta and the multiple border closures enacted by other European member states as a response to the pandemic have to be viewed in a context of increased border securitisation, particularly since 2015's "long summer of migration" (Kasperek and Speer, 2015). Under the mantra '2015 ought not repeat itself', European borders have become further securitised and militarised, arguably at an unprecedented pace. In light of this, the humanitarianisation of the (Mediterranean) border (Walters, 2010), or at least the humanitarian spectacle following migrant deaths at sea, has given way to collective European irreverence toward perpetrations of anti-migrant atrocities and systematic violations of human rights. While during the military-humanitarian operation Mare Nostrum (2013-2014), EU member states enacted a "good scene of rescue" (AUTHOR A) and justified border controls in the name of saving lives at sea, we have now seen "a shift toward the *de-humanitarianisation* of the border", as AUTHOR B ET AL point out. Given the current overt European politics of migrant containment predicated upon blatant infringements of international law and human rights conventions, this article reflects on this de-humanitarianisation of borders but seeks to push the discussion further. We concur that it is fundamental to register the dehumanising treatments that migrants are targeted by and the sheer border violence enacted by EU member states. Yet, we want to suggest that the humanitarian rationale, articulated in conjunction with

rationales of securitisation, persists and continues to play a crucial role in enforcing and justifying migrant containment.

More than a detractive trend towards ‘less’ humanitarianism, we need to better understand how humanitarian logics are reconfigured through their deployment by states in violent border enforcement measures seeking to contain migration. In order to do so, we explore how humanitarianism has been inflected through hygienic-sanitary logics and combined with deterrence measures apt at preventively disrupting migrants’ access to rights, asylum and to European territory. In particular, we draw attention to what we call *deterrence humanitarianism*, meaning interventions by states, regional actors as well as international organisations that while aiming to hamper migrant mobilities, especially those toward Europe, and access to rights, are underpinned and justified by humanitarian rationales - primarily the saving of migrant lives at risk. In doing so, we wonder: How are long-standing humanitarian discourses and logics around the protection of vulnerable migrants being reconfigured during this ongoing Covid-19 pandemic? What does the self-designation by European states as being ‘unsafe’ tell us about the biopolitics of migration governance? And how are humanitarian discourses differently mobilised to support push-back and deterrence operations targeting migrants in distress in the Mediterranean?

This article contributes to critical migration scholarship (Anderson, 2017; Casas-Cortes et al., 2015; AUTHOR B) and to critical security studies which deals with the entanglements of humanitarianism and security in migration governmentality (Aradau, 2004; Walters, 2011) by advancing a twofold argument. First, it contends that the pandemic has accelerated ongoing trends in the politics of migration containment, justifying them as necessary responses for both migrants and citizens’ safety. Second, it suggests that security-humanitarian logics are nowadays inflected in hygienic-sanitary terms. That is, migrants are targeted as potential virus-spreaders and, at once, as individuals to be confined and restricted in movement for their own good in front of a global “health threat”, while European states assert that they lack capacity to grant safe spaces to them during the Covid-19 pandemic. Methodologically this article builds on official state documents, NGO reports, and empirical material collected by one of us in Greece.ⁱⁱ

Our article proceeds in three sections. We start by conceptualising the ongoing politics of containment enacted in the name of anti-Covid-19 measures. We contend that the securitisation and humanitarisation of migration governance are re-crafted through hygienic-sanitary biopolitical logics that seek to confine migrants and refugees both for their own good and in order to protect citizens. The second section analyses the multiple border closures enforced by

member states as anti-Covid 19 measures, showing that migrants did not stop coming to Europe during the lockdown but that they were, rather, hampered from getting access to the European asylum system. We move on by focusing on decisions taken by Italy and Malta to declare their ports ‘unsafe’ due to the pandemic, and, further, by examining discriminatory lockdowns in refugee camps in Greece. Building on these empirical cases, our third section conceptualises what we term hygienic-sanitary borders, thus the ways in which border enforcements have emerged under Covid-19 that use ‘health and safety’ rationales to contain and deter migrants, seemingly for their own protection.

Section I: : Deterrence Humanitarianism under Covid-19

Over the first months of the Covid-19 pandemic in Europe, an ambivalent security-humanitarian narrative on migration has been crafted, beyond the representation of migrants as violent threats or absolute victims. On the one hand, EU member states have turned the logics of securitisation upside down, designating themselves as unsafe environments, unable to provide assistance, protection, and safe spaces to vulnerable people seeking asylum, who were portrayed as being at risk of infection within Europe. On the other hand, migrants and asylum-seekers were depicted as potential vehicles of contagion - ‘Corona spreaders’ - reminiscent of the time of the 2014 Ebola outbreak when migrants crossing the Mediterranean Sea were referred to as “Trojan horses of Ebola” (Iaccino 2014). As part of this ambivalent narrative, the very notion of threat has become redefined: first, not in individual terms but at the level of the group and population - e.g. the group of migrants who land on the European coasts; and second, in that migrants are crafted less as dangerous or dodgy individuals - for example as potential terrorists ‘slipping in’ (AUTHOR B) - and more as threatening virus-bearers.

Border enforcement measures were underwritten by this ambivalent narrative. Ultimately, mechanisms of re-bordering are not a novelty of Covid-19: as Alison Bashford has retraced, historically “infectious disease has been central to the political, legal and commercial history of nationalism, colonialism and internationalism, as well as to the twentieth-century of a newly imagined space called ‘the world’ (Bashford, 2006: 1). As we discuss later in the article, border practices in key migration landing points in Europe - Italy, Malta and Greece – revealed a shift in the security-humanitarian rationale which consists in twisting the protection discourse by arguing that states are no longer able to take care of migrants and to provide a safe environment to them. When taking into account such current transformations of the European border regime in light of Covid-19, has the “humanitarian border” (Walters 2011) itself been reconfigured? What does ‘humanitarian’ mean in the current Mediterranean migration

context? We raise these questions not specifically in order to demonstrate that humanitarianism is progressively shrinking but, rather, to explore under which new guises humanitarian reason unfolds in front of health threats and how it becomes entangled with political technologies of migration governance.

In migration studies and critical security studies literatures, scholars have engaged with the multiple ways in which humanitarian practices and discourses are intertwined with securitisation processes (Aradau, 2004; Cuttitta, 2018; Perkowski, 2018), with border policies (Albahari, 2015) and with military operations (AUTHOR A ET AL). Migrant lives have become governed through ambivalent modes of “care and control” (Isleyen, 2018; Pallister-Wilkins, 2016). Didier Fassin and Miriam Ticktin have highlighted the hierarchies of lives that humanitarianism generates and enhances (Fassin, 2011; Ticktin, 2011). As some scholars have noted, the racialised inequalities that humanitarian interventions reiterate should be read in light of the colonial legacies and situated at the very heart of humanitarianism (De Genova, 2018; Salvatici, 2015). As far as the Mediterranean Sea is concerned, critical migration scholars have analysed the key role that NGOs have played in conducting search and rescue activities and the different political positionalities of humanitarian actors engaging at sea (AUTHOR B).

Notably, William Walters (2011: 155) has introduced the concept of the “humanitarian border” in order to emphasise that “border regimes are composed not just at the level of strategies and technologies of control, but also at the level of strategies which combine elements of protest and visibilization with practices of pastoral care, aid, and assistance”. Importantly, he looks at the humanitarian border as a specific and recent reconfiguration of the border regime, though cautioning against taking it as a distinctly novel paradigm.ⁱⁱⁱ For Walters (2011: 146), the humanitarian border emerges in particular along “faultlines [. . .] where it seems that the worlds designated by the terms Global North and Global South confront one another in a very concrete, abrasive way.” The Mediterranean border undoubtedly constitutes such a faultline where every intervention by Europe, as AUTHOR B (2019) argues, “ranging from increased surveillance to military anti-smuggling missions and collaborations with North African authorities, has been framed as humanitarian measures to end death at sea. Protecting not merely the lives of those seeking to ‘irregularly’ cross the maritime border but also ‘the border’ itself, appear not as incompatible but reconcilable aims, in the sense that increased militarised governance and surveillance would heighten the chances of detecting and rescuing migrants on unseaworthy boats.” The merging of “humanitarian and militarised logics” in what some have conceived as “compassionate border security” (Little and Vaughan-Williams, 2017: 535) has thus been widely noted.

Under the Covid-19 pandemic, the humanitarian border has become reconfigured along and inflected by hygienic-sanitary rationales. By speaking of hygienic-sanitary logics we refer to modes of confinement enforced and justified in the name of a “contain to protect” principle in front of a global “health threat”. As we will illustrate in section II, this has been the case with Italy and Malta’s denial of disembarkation to migrants in order to protect them and Italian and Maltese citizens from exposure to Covid-19, as well as at Greek hotspots where differential lockdowns were implemented in the name of not exposing asylum-seekers and Greek locals to the virus. Yet, by speaking of a reconfiguration here, we do not mean that securitisation processes and the crafting of migrants at sea as subjects of piety and threat are no longer at play. Indeed, both of these migrant representations continue to shape European policies of migration containment and provide the ethical and political ground for interventions by states and non-state actors (as well as, in some cases, their refusal to intervene). Nonetheless, we are interested in highlighting how security and humanitarian reasons have been rearticulated during the Covid-19 pandemic around and in light of hygienic-sanitary predicaments. We suggest that this rearticulation of the politics of migration containment has given rise to what we refer to as hygienic-sanitary biopolitics, predicted on a “contain to protect” logic and in the name of combating a global health threat.

Section II: Obstructing access to asylum and mobility under Covid-19

The outbreak of the Covid-19 pandemic in Europe has triggered a series of political, administrative, and legal transformations in the governance of migration and borders. Although the World Health Organisation (2020) advised “against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks”, national border closures and the temporary suspension of freedom of movement within the Schengen Area were quickly implemented from March 2020 onward, changing the European landscape in the span of a few weeks and fragmenting the image of Europe as a smooth space of ‘free’ mobility (Guild, 2020). Mobility restrictions along Europe’s external borders remained severe and subjected to uneven border closures. According to the European Commission (2020), the external border would function “as a security perimeter for all Schengen States” so that guarding it would be “of common interest and a common responsibility”, even an opportunity to display “concerted action among Member States to limit the global spread of the virus.”

Despite European intensifications in border security, ostensibly responding to a health emergency, and the overall decline in international trans-border travel, precarious migrant movements toward EU member states have continued. Although, overall, migrant movements

across the Mediterranean Sea have declined in 2020, with the UNHCR (2021) detailing a drop from about 123,700 maritime arrivals in 2019 to about 95,000 arrivals in 2020, a closer look reveals shifting dynamics along the different Mediterranean routes. Migrant arrivals have significantly increased along the Central Mediterranean route, indeed more than doubling. In 2020, about 134,150 people arrived in Italy while about 2,300 reached Malta from Libya or Tunisia, while the total figure of arrivals in Italy and Malta stood at about 15,000 in 2019 (UNHCR Italy, 2021; UNHCR Malta, 2021). Along the Eastern Mediterranean route, the situation appears reversed, with numbers of migrant arrivals decreasing considerably after the outbreak of the pandemic, especially from April 2020 onward. While nearly 60,000 people arrived via the sea in 2019, merely about 9,700 did so in 2020 (UNHCR Greece, 2021).

Though regularly dominating media headlines, statistics of migrant arrivals tell merely a partial story. Often used to purportedly highlight a marked decline in migration during the pandemic, the drop in overall arrival figures in 2020 reveals little about migratory dynamics, especially the many attempted cross-border movements that were thwarted through obstructions by European authorities and those of third countries. Systematic practices of migrant capture at sea and push-back operations have prevented tens of thousands of women, men and children from reaching European shores. In 2020, about 12,000 people were intercepted in the Central Mediterranean and returned to Libya, while in the whole of 2019 about 9,200 people were intercepted. Migrant interceptions seem to increase even further this year, with over 4,000 people being returned to Libya in merely the first two and a half months of 2021 (IOM Libya, 2021). According to the Tunisian NGO Forum Tunisien pour les Droits Economiques et Sociaux, about 12,000 people were also captured and returned to Tunisia in 2020, - a dramatic increase to 2019, when about 3,500 people were intercepted by the Tunisian Coastguards (InfoMigrants, 2020a). Also in the Aegean region, interceptions by the Turkish Coastguards or push-back operations by Greek authorities have prevented thousands of migrant arrivals. Reports by NGOs and activist groups have revealed violent push-back tactics deployed by the Greek Coastguards who, often masked and armed, systematically sabotaged migrant boats or forced them back into Turkish waters (Alarm Phone, 2020a). Importantly, migrants who had reached Greek waters and even Greek islands only to be pushed back to Turkey were not included in the Greek statistics on migrant arrivals.^{iv}

Thus, the Covid-19 pandemic itself has not necessarily slowed down migratory dynamics in and around the Mediterranean Sea. Instead, it has boosted the obstructions that migrants face in crossing borders and claiming asylum, often already before departing from northern African or Turkish shores. This is confirmed by a huge drop of asylum applications in 2020 -

overall down about 31% compared to 2019 (EASO, 2021a, 2021b). The multiple restrictions that migrants encountered during the pandemic-related lockdown are the marker of a broader trend in European policies seeking to prevent migrants from accessing the asylum procedure and, thus, from receiving a (temporary) right to remain in Europe. These different obstacles are legal, administrative, and infrastructural. Besides the implementation of decrees restricting access to the asylum and to humanitarian support, migrants are targeted by ever-more restrictive and violent deterrence measures as the following subsections highlight, focusing in turn on Italy, Malta, and Greece.

Italy's sanitary containment

On 7 April 2020, a few weeks after the enforcement of an emergency law in response to Covid-19, the Italian government closed its ports to migrants with a decree which stated that “due to the emergency situation triggered by the pandemic [...] the Italian state cannot guarantee safe spaces” to migrants rescued at sea and that, therefore, “for the entire duration of the national sanitary emergency, the Italian ports do not match the necessary criteria to be considered a Place of Safety^v. The decision to forbid vessels from disembarking migrants in Italy did not mean full border closure, since even when the lockdown was still in place, migrants continued to land there (Alarm Phone, 2020a). Yet, although in practice Italian harbours did not turn into fully sealed borders, what interests us is Italy's declaration to have become an unsafe country for people seeking asylum, unable to take care of them. On 12 April, another decree came into force “to guarantee the full compliance of the measures of fiduciary isolation and quarantine which have been adopted to counter the spreading of Covid-19, even towards people rescued at sea”^{vi}. Migrants, as objects of a legal measure apt at safeguarding them from the pandemic, initially appeared not as risky subjects bringing the virus, nor as subjects at risk (Aradau, 2004), but, rather, as individuals who could not be protected and be brought to safety. Through such a self-declaration of unsafety, the Italian state exempted itself from any humanitarian obligation, in the name of migrants' health. By mobilising that argument, the Italian government has shifted the focus from questions around rescuing/not rescuing migrants towards Italy's non-safety as a port and, more broadly, as a country^{vii}.

A few months later, in summer 2020, the relative increase in the number of Covid-19 cases in Italy and the simultaneous increase of migrant arrivals by sea became an object of public debate: both right-wing parties and some politicians from the government coalition warned of a ‘migration-Covid nexus’. “This virus is mainly spread through people's movements: tourists, businessmen, commuters, but also migrants. Migrants who come by the sea

come illegally, and while legality fosters health, illegality enhances the pandemic”, Marco Minniti, the former Italian Interior Minister declared. In the Italian context, this alleged nexus between the pandemic and illegality has been mobilised on many occasions to justify the preventative confinement of migrants who land in Italy. Indeed, ‘illegality’ is not narrowed to unauthorised movements but, we suggest, is conceived as a conceptual umbrella to refer to a *dodgy continuum* - which includes and links up the unhealthy sanitary conditions and cramped spaces in which migrants are often forced to live in, migrants’ legal status and the smuggling networks they might use. The “security continuum” which has regularly connected “border control, terrorism, international crime and migration” (Huysmans 2000: 760) as if these connections were logical or even natural, has thus become extended to include diseases and hygienic insecurity. That is, by positing a nexus between the pandemic and migrants’ illegality, state authorities do ultimately stretch the notion of illegality itself and reframe it in light of the hygienic-sanitary logics.

The ‘migration problem’ in relation to Covid-19 exploded across Italy in summer 2020, mainly in light of two events. First, at the end of June in the city of Mondragone, 49 Bulgarian workers were tested positive for Covid-19 and were isolated by local authorities to prevent contagion. Local Italian citizens organised a protest in front of the quarantine area, blaming the migrant workers for bringing the virus back to that region, prompting some of the Bulgarians to flee the area. In the following days, the tension against foreign workers rapidly increased, with a few more Covid clusters being detected in migrant communities across Italy. Second, on 12 July, out of the 70 Pakistani migrants rescued at sea and disembarked in Roccella Jonica (Calabria), 28 were tested positive for the virus, the news of which triggered vehement protests by locals who did not want the infected migrants to be hosted in the area. Soon after this event, the government introduced ad hoc ferries to quarantine rescued migrants for two weeks at sea. The so called “quarantine ships”, we suggest, are part of a broader carceral geography at sea – or what Laleh Khalili poignantly calls “carceral seas” (Khalili, 2020) – formed by mobile sites of detention, tactics of migrant kidnapping and push-back operations (Tazzioli and De Genova, 2020).

In fact, migrant confinement at sea, ostensibly for public health reasons, had occurred already in April. According to a national decree enforced on 12 April, the Department for Civil Liberties and Immigration of the Interior Ministry stated that, as the Italian Association of Lawyers for Immigration (ASGI, 2020a) commented on, it was entrusted “with the management of procedures related to the fiduciary isolation and quarantine of foreign citizens rescued or arrived independently by sea. On the basis of this decree, the Ministry of Interior, together

with the Italian Red Cross, may use ships for the “health surveillance” period “with reference to persons rescued at sea and for whom it is not possible to indicate the “Place of Safety”. ASGI (2020b) counted that 183 migrants had been confined on “quarantine ships” between 17 April and 5 May 5.

On the one hand, these two episodes partly contributed to depict migrants as potential vehicles of contagion and to spread anti-migrant racism. Yet, on the other, we caution against any linear narrative that reads the measures of preventive isolation for migrants as a signal of migrants being turned (again) into risky subjects. Rather, we contend that the confinement of migrants as potentially infected subjects is part of hygienic-sanitary bordering mechanisms and, at once, of an acceleration of the politics of containment-expulsion that happened during the lockdown. In fact, migrants have not been presented (only) as a risk for the local population: migrant confinement on the mainland and at sea has been justified as a sanitary measure for the benefit of both the population and the migrants themselves. As highlighted in a document of the Italian Parliament, many extraordinary measures were adopted “in order to guarantee that migrants are hosted and that their health is safeguarded during the pandemic emergency” (Camera dei Deputati, 2020). The same document refers simultaneously to “sanitary surveillance” and “two weeks fiduciary isolation” as compulsory measures to be taken vis-a-vis migrants who disembark in Italy. Thus, we see that security claims are intertwined and nuanced with hygienic-sanitary reasons, aimed at safeguarding migrants and citizens. Notably, the multiplication of hybrid sites of migrant confinement and of carceral geographies in the name of “health and safety” has been visible also on the mainland: for instance, in the city of Udine buses have been used for isolating migrants for two weeks (Repubblica, 2020). Thus, means of transport have been transformed into mobile containment infrastructures.

Malta’s push-back and offshore detention regime

“There was no pushback. This was us saving lives”, Malta’s prime minister Robert Abela said on 1 May 2020 (Deutsche Welle, 2020), about two weeks after the Maltese government had instructed a fleet of private vessels to leave Valletta harbour, pick up migrants in distress within the Maltese Search and Rescue zone, and return them to Libya (Kingsley, 2020). Among those returned were the lifeless bodies of some of the twelve migrants who had died of starvation and dehydration or drowned while being knowingly left in distress at sea for five days near Malta’s coast, observed by aerial assets of both the Armed Forces of Malta and Frontex, the EU border agency. After the return by Malta’s ‘secret fleet’, the migrant survivors found them-

selves locked up in the infamous Tariq al-Sikka camp in Libya and testified that several individuals had died on board during the long journey back to the Libyan warzone. Though amounting to a text-book push-back operation, thus the illegal return, or *refoulement*, of people to a country where they are exposed to persecution, Malta's prime minister insisted that the operation had in fact amounted to the "rescue of migrants", without which "tens of lives would have died, because a Frontex plane just flew overhead and kept going." Abela, who was investigated over the death of the twelve migrants, continued: "Malta's ports are closed but it coordinated this rescue and ensured that the irregular migrants were taken to the port that was open" (Times of Malta, 2020a).

On 9 April, the day the migrants had departed from the Libyan coast in the hope of reaching Europe, the Maltese government declared its harbours 'unsafe' for migrants crossing the Mediterranean. Following Italy's declaration two days prior, Malta suggested that migrants could no longer disembark due to the risk of exacerbating the Covid-19 pandemic and draining resources needed to combat the spread of the virus. Although merely one Corona-related death had been recorded in Malta at the time, the government saw itself "not in a position to guarantee the rescue of prohibited immigrants on board of any boats, ships or other vessels, nor to ensure the availability of a 'safe place' on the Maltese territory to any persons rescued at sea" (Government of Malta, 2020). Similar to the Italian government, the Maltese government used the Covid-19 pandemic to bar migrants from reaching European soil, emphasising that they could not land in Malta for their own good and protection:

Considering that any persons rescued at sea, who may also be suffering from the COVID-19 contagious disease, must be protected from any threats to their life, and also must have their primary needs fulfilled including access to fundamental services in terms of health, logistics and transport [...]. (Government of Malta, 2020)

However, despite informing migrant rights activists that "[t]he policy of Malta because of Corona is that nothing can leave Malta and nothing can enter Malta and this includes migrants" (Alarm Phone 2020b), the Maltese authorities were unable to prevent more migrant crossings in the weeks following the supposed closure of harbours. Despite continuous tactics of non-assistance and delay, the Armed Forces of Malta were pressured into carrying out several rescue operations.

And yet, although hundreds of migrants reached the Maltese Search and Rescue zone between April and May, they initially did not feature in arrival statistics compiled by the UN

refugee agency (UNHCR Malta, 2020) for Malta where for April and May merely 138 arrivals were registered. This discrepancy in crossings and arrivals was the consequence of a novel measure introduced by the Maltese government. About 425 migrants rescued off several boats in distress were held outside Maltese territorial waters on chartered ‘Captain Morgan’ cruise ships, depriving the detained not only of their freedom but also of their right to claim asylum. On board, the situation for the rescued worsened over time, with some reaching out to the Alarm Phone (2020c) to report of suicide attempts and hunger strikes. Countering criticism, Maltese government officials such as the Home Affairs Minister Byron Camilleri, emphasised that the detained received “every possible care” on board, including medical assistance, despite the obvious exacerbation of Covid-19 health risks through collective confinement (Times of Malta, 2020b). Soon after word spread on the protests on board, a video started to make the rounds, showing the rescued migrants celebrating and chanting the anthem of the government party: ‘Viva l-Labour’.

The offshore detention measure, which lasted about five weeks and cost 1.7 million Euro, not only considerably exceeded the routine two-week Covid-19 quarantine period but failed to convince other EU member states to relocate rescued migrants, which the Maltese government had strongly called for, not least by attaching a banner reading ‘European solidarity’ on one of the detention ferries. Still, after disembarkation, Malta’s prime minister informed Amnesty International (2020: 12), that “Ferry boats were used as a quarantine area, during the period that the Closed and Open Centres [for reception of asylum-seekers and migrants] were subject to considerable pressure due to the influx in arrivals” and that, “Once the period of quarantine elapsed, on the 6th June 2020, the migrants disembarked in Malta and the asylum process initiated immediately”. Amnesty International points out, however, that “no end date was ever set for the detention of the rescued people and no legal grounds [were] ever articulated, making the measure an unlawful deprivation of liberty.” Despite amplifying deterrence measures at sea in the name of protecting migrants and citizens alike, the Maltese government was ultimately unable to prevent migrant arrivals and failed to enforce its ‘unsafe harbour’ policy. When groups of arriving migrants were tested positive for Covid-19 in July 2020 - though erased from Malta’s national Covid-19 statistics following the European Centre for Disease Control’s approval in August 2020 - the depiction of migrants as Corona-spreaders took flight, reinforcing the Maltese government’s interest in reinstalling offshore quarantine facilities.

Greece’s discriminatory lockdown of refugee camps and hotspots

On September 8 at night the Hotspot of Moria on the island of Lesbos was set on fire and all tents had been destroyed. The whole refugee population of about 13,000 women, men and children were forced to flee while the Greek police hampered NGOs from bringing aid and refugees from reaching the city of Mytilene by using tear gas. At the time of writing, they are still homeless on the island, while the Greek authorities have started to build a new camp. The fire happened one week after a 40-year-old Somali refugee was tested positive to Covid-19 and the Greek authorities responded by putting the whole hotspot population in quarantine for two weeks. Asylum seekers protested against the strict lockdown by organising a collective food boycott action. Despite the general perception that it had rather successfully responded to the Corona-outbreak, Greece came into the spotlight in Spring 2020 (Magra, 2020). Fears were voiced that the virus could spread among asylum-seekers in refugee camps on the mainland and in the hotspots on the Aegean islands.

The European Commission began to push for the relocation of unaccompanied minors to other EU member states and for the transfer of the elderly from the hotspots on the islands to apartments on the mainland (Resettlement EU, 2020). However, despite the transfers that were realised, which were few in view of the overall number of people forced into the camps, the sanitary and hygienic conditions in the overcrowded hotspots remained highly critical. Several NGOs that had provided medical assistance to asylum-seekers left the islands due to both the Covid-19 emergency and government restrictions on non-governmental health provisions. Following the ambivalent security-humanitarian narrative we described above, asylum-seekers became targeted by protracted lockdown measures, purportedly designed to protect them from the virus and, at once, avoid that they could infect the Greek population and tourists. These measures were differentially applied. While the lockdown ended for Greek citizens on 4 May 2020, it was extended for asylum-seekers on the Greek islands until September. At the same time, due to “health and safety” reasons, unlike Greek citizens or other foreigners in the country, asylum seekers were requested to wear masks both inside and in the premises of the hotspots, and were subjected to a 150 Euro fine if they did not comply with the rule.

The confinement of asylum-seekers in the hotspot of Moria on the island of Lesbos was enforced in a way that did not protect the health of those inside. As observed on 20 August, women, men and children would still move within the hotspot and also beyond the fenced off area frequently, just as they did before Covid-19, observed by Greek police officers who controlled the wearing of face masks. Thus, asylum-seekers were not segregated inside the hotspot as such, even if the actual hotspot has come to greatly exceed its official perimeters: indeed, with a population of about 13,000 people in August 2020, the hotspot as a fenced-off area has

expanded and became a sort of hotspot-zone which includes tents and makeshift barracks in the adjacent olive grove. However, about half a mile after the last makeshift barracks, two police officers constantly monitor the road which takes to the city of Mytilene, carrying out checks on asylum-seekers and their authorisation to leave the hotspot. No more than 120 authorisations per day are given by the Greek police, and asylum-seekers need to prove that they have an appointment with their lawyers or that they are leaving for medical reasons. Thus, the discriminatory lockdown in the Greek hotspots islands is less a matter of asylum-seekers' immobilisation than of a coexistence of containment and controlled mobility (Mountz et al. 2013).

Mobility restrictions have been officially enforced for protecting both asylum-seekers and locals from Covid-19, but actually, as Doctors without Borders stress, they confine asylum-seekers in the hotspot-area in order to render their presence less visible to the locals and, in so doing, "women, men and children live in cramped spaces, they need to queue for everything inside - e.g. getting food and finding out the outcome of their asylum application on the board at the entrance of the hotspot."^{viii} In fact, as the Legal Center Lesvos (2020) clearly pointed out in a recent report, "the prolonged lockdown ensures two things: migrants' isolation from support services, and their removal from public view". Together with the discriminatory lockdown enacted through forced spatial seclusion, during the pandemic, migrants on the Greek islands have been subject to multiple obstructions for accessing humanitarian services and for navigating the asylum system. Therefore, *confining to protect* appears to be "the formula which encapsulates the politics of containment in Covid times" and, in practice, means that "instead of being protected from exposure to the virus, asylum-seekers have been forced to share a cramped space" (AUTHOR A).

Regarding the access to humanitarian services, a case in point were the disruptions asylum-seekers experienced in getting the monthly financial support provided by the UNHCR as part of the Cash Assistance Programme. This latter consists of a monthly support given to asylum-seekers and uploaded on Visa prepaid cards. Since 2017, the programme has been funded by the European Commission and managed by the UNHCR (AUTHOR A). In April 2020, prepaid cards of asylum-seekers in Lesvos were blocked for about two weeks, upon request of the Greek authorities with the justification that card beneficiaries could produce queues in front of ATM machines in Mytilini, putting themselves and locals in danger due to the risk of spreading the virus. The financial provider of the Cash Assistance, PrePaid Financial Services, stressed to one of us that "prepaid cards had been temporarily blocked in order to avoid gatherings at the ATM machines, and for disciplining asylum-seekers to behave themselves responsibly: it is a technique of control but for their own good."^{ix} When the cards were

reactivated in May, one ATM machine for the whole asylum-seeker population was installed inside the hotspot, in order to prevent asylum-seekers from going to the village of Mytilini to take out cash. Thus, asylum-seekers ended up queuing for hours in front of the only available ATM machine inside the camp.

When the lockdown started in Greece at the end of March, migrants who landed by boats on Greek islands were not allowed to claim asylum, as asylum applications had been suspended until 18 May. The extraordinary temporary suspension of asylum, enforced as part of the Covid-19 measures, was an extension of a decree enforced in early March in response to Turkey's decision of letting migrants cross the Greek-Turkish border.^x Greece's was widely criticised by NGOs and human rights organisations which accused the government of infringing the right to asylum (Human Rights Watch, 2020b). Measures of migration containment were also deployed at sea, as briefly highlighted before. From March 2020 on, peculiar bright-orange objects holding migrant groups were seen floating in the Aegean Sea, described by those inside as tents (Keady-Tabbal and Mann 2020). In order to prevent migrants from reaching Greek islands, the Greek coastguard had transferred them onto emergency rafts, leaving them afloat in Turkish waters. Without the ability to steer, the people inside could merely hope to be detected, rescued, and returned to Turkey by the Turkish coastguards. **Over the past year, people stranded in these floating objects have become common sights in the Aegean Sea.**

The analytical grid of emergency politics, we suggest, does not help in fully scrutinising the containment measures enacted by the Greek government. Certainly, both deterrence and containment measures enforced by the Greek authorities in the context of the Covid-19 crisis need to be situated in a longer trajectory, before the pandemic emerged. While some measures, such as the temporary suspension of prepaid cards, occurred specifically in response to the pandemic, others are further escalations of an existing politics of deterrence and containment.^{xi} Indeed, the Greek government had announced already in November 2019 the plan of replacing hotspots with closed pre-departure centres (Keep Taking Greece, 2019). Also, some of the new measures adopted to deter migrants from landing - such as the push-back to Turkey through floating tents - were new iterations of past measures, devised before the outbreak of Covid-19 in Europe. However, the pandemic has worked as an accelerator and intensifier of the violent politics of migrant containment, allowing for some significant restructurings of the border regimes and transformations in security-humanitarian rationales, as described before.^{xii} Therefore, a "pop-up governance", defined by Evie Papada and colleagues (2019: 2) as "flexible and localised governance mechanisms that emerged in response to the migrant reception crisis", is visibly at play in the frantic transformations of the border regime. And, yet, we suggest, its

versatility is not synonymous with emergency-led responses: rather, the discontinuities, shifts and novelties have not come out of the blue. Rather, the pandemic has accelerated and legitimised their implementation.

Section III: Hygienic-Sanitary Borders

The Mediterranean and the Aegean seas, by themselves hostile and unsafe environments for human life, have become spaces in which migrants are not merely contained but also forcibly pushed around, often back to the places they have sought to escape from. These push-back or refoulement practices have produced (en-)forced mobilities, violently disrupting and re-directing migrant journeys across EUrope's maritime frontiers, frequently toward the Mediterranean's southern and eastern shores. **A veritable push-back industry and environment have emerged in the Mediterranean and Aegean contexts, where thousands of migrants have been physically injured and preventively obstructed from reaching EUrope and claiming asylum. Over the past year, during the Covid-19 pandemic, existing migrant containment and deterrence measures have become reinforced and reconfigured in the name of health and safety, thus prompting what we refer to as hygienic-sanitary borders.**

Hygienic-sanitary aspects of borders have been noted in some recent scholarship, with Roberto Esposito developing the concept of "immunitas" that he uses to designate "a protective response in face of a risk" (Esposito, 2011: 1). Immunity, Esposito contends, is always a reaction to something which is located "on the border between the inside and the outside" (2). At the same time, immunity is predicated upon the idea that contagion and invasion could not be fully avoided: they need to be object of an "exclusion through inclusion". Too much contamination, however, would endanger the well-being of the community and population so that the drive to protect life may indeed come to threaten or end life. Inspired by Esposito, Nick Vaughan-Williams has advanced "an ontology of the border as a biopolitical immune system" and stressed that migration is seen by states as a "degenerative contagion deemed to constitute a 'biological risk' to both populations and territories" (Vaughan-Williams, 2015: 116-117). Also, Henk van Houtum and Rodrigo Bueno Lacy have spoken about "EU's autoimmunity" to stress how the border regime "consciously discriminates, endangers and criminalises the mobility of specific migrants" (Van-Houtum and Lacy, 2020: 709).

Our understanding of hygienic-sanitary measures departs from these authors in a two-fold way. First, we do not think of them as conceptual grids for understanding power relations, nor as an ontology of borders but, rather, as analytical descriptors able to capture ongoing

transformations. In fact, ours is a situated analysis, which draws attention to both contingent changes and to more long standing border restructurings, analysing one in light of the other and vice versa. Focusing on the current context, Umut Ozguc argues that “detention centres, ships, islands and camps, operate as immunitary dispositif. These sites protect the existent immobility and future mobility of those ‘trusted bodies’ from the risk of contamination by refugees, asylum-seekers or unwanted immigrants” (Ozguc, 2020). Yet, we suggest that on the one hand the racialised containment of unwanted mobility through a mobile “enforcement archipelago” (Mountz, 2011) is not something new, even if nowadays hybrid sites of migration confinement have multiplied. On the other, it is worth noticing that during the pandemic migrants have not only been confined to protect citizens: they have been object of more ambivalent hygienic measures of containment, apt at protecting both them and the citizens. **In fact, these measures can be defined as “hygienic” since they entail a series of “health and safety” protocols and are justified in the name of migrants’ and citizens’ protection.**

Second, by speaking of hygienic-sanitary borders, we draw attention to an ambivalent security-humanitarian rationale, centred around the impossibility of granting protection to the migrants and, at once, the multiplication of measures of migration containment. That is, we do not see hygienic-sanitary measures as simply protective borders against different external threats; rather, they are deployed for multiplying the obstructions towards migrants - in the name both of their protection, or better of the impossibility to protect them, and of migrants considered vehicles of contagion.

This hygienic-sanitary dimension of the borders enforced during the pandemic should not be confused with forms of “medical humanitarianism” (Sharaoui, 2020). Abramowitz and colleagues define medical humanitarianism as “the provision of biomedical, public health, and epidemiological services in conditions of emergency or crisis” (Abramowitz et al. 2015: 1). In migration scholarship, medical humanitarianism is framed in terms of the centrality medical logics and criteria play in selecting and governing people seeking asylum (Pallister-Wilkins, 2015; Williams, 2016). Unlike medical humanitarianism, hygienic-sanitary biopolitics is not about medical rationales used for selecting, excluding or blocking migrants but, rather, about hygienic protocols that establish lists of safe and unsafe spaces, conducts, and actions. More precisely, if under medical humanitarianism migrants who are deemed to be vulnerable or sick might get access to protection, hygienic-sanitary borders confine precisely those who potentially can be sick, and therefore, contagious.

Hence, by insisting on the peculiarity of hygienic-sanitary biopolitics with respect to medical humanitarianism, we also draw attention to key transformations that occur within the

asylum regime where particular vulnerabilities have become crucial criteria for admitting or rejecting people who seek asylum (Sozer, 2020). These mainly concern the role of medical certificates as necessary evidence, as Didier Fassin (2011) has convincingly shown, to get a temporary authorisation to stay and access to rights in Europe: thus, the proof that “one’s life was threatened by the existence of a disease” counts more than the proof of being persecuted (Fassin, 2018: 59). While both these medical technologies of governmentality are largely at stake in refugee camps, medical vulnerabilities are far from being guarantees for international protection, which means that asylum-seekers, like those stuck in the Moria hotspot, become stranded in (semi-)carceral conditions in which their psychological and physical vulnerabilities increase further. For instance, being considered “highly vulnerable” by the Greek authorities and by the European Asylum Office (EASO) has been for a while now the only way in which asylum-seekers on the Greek islands could have their geographical restrictions lifted (Spathopoulou and Carasthathis, 2020).^{xiii} However, nowadays vulnerability as such is no longer a sufficient condition for getting protection or for being allowed to move from the Greek islands to the mainland. In fact, “the Greek government refuses to set clear criteria for being moved to Athens, and this paradoxically happens while people in the hotspots are exposed to the pandemic.”^{xiv}

In this respect it is worth noting that the New EU Pact on Migration and Asylum, presented by the EU Commission in the midst of the pandemic, establishes mandatory “health and vulnerability checks” to be done by member states on migrants. While it is unclear what these health and vulnerability checks will consist of, these checks will practically entail that people seeking asylum will be confined at the border for days before receiving a decision whether they would be allowed to legally enter the territory or not. Thus, health and vulnerability checks contribute to strengthen the exclusionary borders of asylum.

In order to better unfold our argument about the hygienic-sanitary borders, it is important to dwell upon the meaning and use of “hygienic” as such. Here we build on Michel Foucault’s definition of hygiene as “as a regime for the health of populations” (Foucault, 2014: 120). In *Abnormal* (1974-1975) Foucault remarkably draws attention to the function of public hygiene and social protection performed by psychiatry since the late eighteenth century. Together with the medicalisation of madness, psychiatry also functioned “as a specialized branch of public hygiene [...] as a particular domain of social protection” (Foucault, 2003a: 118). In fact, public hygiene became about preventing all factors that might be “endangering public safety” (141). Similarly, in *Society must be Defended* (1976-1977), Foucault shows that the task of public hygiene has historically been at the core of medical knowledge (Foucault,

2003b).^{xv} Foucault's insight on public hygiene and its relationship with social protection and public safety is relevant to us to come to grips with the proliferation of hygienic-sanitary humanitarianism, and to critically analyse the subsumption of health into hygienic-driven measures. In fact, unlike medical humanitarianism, this new guise of humanitarianism - predicated on hygienic-sanitary reasons and practices - confines migrants in order to protect them from being infected. As targets of hygienic measures, migrants are also immediately turned into objects of public safety concerns: they are 'saved' by being confined, in the name of their own health and the well-being of citizens.

In relation to the Covid-19 measures introduced in the field of migration and refugee governmentality in Europe, as we have highlighted in the previous section, it is noticeable that, first, hygienic-sanitary interventions are not used for granting protection to the potentially infected migrants but, on the contrary, for keeping them away, thus to deter them. Second, while medical humanitarianism entails an individualised hold on migrants - by selecting between those who are deemed to be ill or vulnerable, and the others - hygienic-sanitary measures target migrant groups as a whole. As Stefan Elbe (2008: 180) remarked in his analysis of global health issues, the governing of diseases is characterised by the production of "risk groups", that is, by the racialisation of individuals who "are seen to combine various more general risk factors". In fact, migrant groups are deemed to be threats in the sense of risk factors, independently of the multiple differences among them, such as countries of origin, individual experiences, and trajectories. Thus, the meaning of "threat" shifts from the representation of the dangerous individual as a criminal or terrorist toward the construction of a threat which, independently of migrants' willingness to 'dodge rules' and 'commit wrongs', is attached to migrants' racialised identity as health disease-bearers.

It is in this sense that we can speak of a *hygienic-sanitary deterrence humanitarianism* that has emerged in the European context of the Covid-19 pandemic. EU member states have used the ostensibly unsafe environment that the pandemic has turned Europe into to justify containing migrants elsewhere through 'benevolent' deterrence. Europe's unsafe environment coalesces with its hostile environment policies vis-a-vis migrants. The denomination of hostile environments refers to spaces which are rendered unliveable to migrants, as infamously pursued by the British government in 2014. As aptly noted by Lorenzo Pezzani (2020), one could say "that hostile environments exist at the intersection of two sets of laws: one aiming to contain and restrict people's movement to their respective nation-states, and the other seeking to govern their social (dis-)integration." The Covid-19 health crisis has lent itself to be used to

legitimise such containment and restriction of people's movement as well as their social (dis-)integration, and that not in a hostile but ostensibly in a caring fashion.

Conclusion

Covid-19 has been characterised by a multiplication of borders and of re-bordering mechanisms (Guild, 2020). Both national frontiers and internal borders have been strengthened during the protracted lockdowns across the world in the name of "health and safety". Within such a context, people seeking asylum in Europe have been object of different confinement measures, enforced and justified in the name of a "contain to protect" logic. Italy and Malta's self-declaration as unsafe harbours for people seeking asylum in Europe during the pandemic and Greece's discriminatory lockdown in the hotspots sheds light on some reconfigurations occurring in the European border regime. As this article has shown, migrants are neither seen as mere threats nor as absolute victims: their representation has transformed in light of Europe deeming itself too unsafe to take care of them, turning migrants into both potential Covid-spreaders as well as subjects who need to be protected from Europe.

On the basis of this ambivalent humanitarian-security narrative and in the name of protecting the health of both migrants and citizens in front of a global "health threat", migrants are targeted by hygienic-sanitary measures - being quarantined on vessels at sea, pushed-back, and restricted in their mobility and ability to access rights. These transformations contribute to reconfigure the security-humanitarian rationale in terms of hygienic-sanitary biopolitics. As we have argued in this article, the outbreak of Covid-19 did not constitute a watershed moment in the functioning of the border regime: rather, it has worked as an accelerator of changes that were meant to be implemented, some of which will presumably remain in place in the foreseeable future. How far can Europe push the narrative of protecting migrants for their own good when the logic of deterrence is becoming ever-more explicit?

Enactments of hygienic-sanitary borders are underwritten by a politics of migrant deterrence, constituted through infrastructural impediments as well as legal and administrative hurdles hampering migrants from accessing asylum and from reaching Europe. The politics of migrant deterrence is enacted together with an escalation of hybrid sites and practices of containment and carcerality, which are currently legitimised under the guise of protection from a "global health threat". The shift in the security-humanitarian rationale in light of a hygienic-sanitary biopolitics is intertwined with a violent politics of containment that it contributes to strengthen and render more acceptable. In light of this multiple restructuring of the security-humanitarian reason, it is key to ask what it means to mobilise a critical knowledge of the

border regime and what a transformative critique might look like. Indeed, states' blatant violations of human rights and the sheer politics of containment are intertwined with a hygienic-sanitary discourse which justifies border closures in the name of both migrants and citizens' safety.

Therefore, critical interventions cannot be limited to the denunciation of states' infringement of international law and refugee conventions (AUTHORS, forthcoming) but also require a strategic appropriation and twisting of the discourse on migrant protection and safety. That is, in the face of states' argument that "we close ports to protect refugees", the laborious work of critique might engage in disjoining protection from containment and racialised spatial restrictions. Relatedly, claims for health and safety cannot be predicated on a divisive ground which reproduces hierarchies between migrants and citizens: on the contrary, the 'migrant question' in pandemic times could become the terrain of struggles for equal access to safe spaces.

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ⁱ This article speaks of ‘EUrope’ throughout. In this way it seeks to problematise frequently employed usages that equate the EU with Europe and Europe with the EU and suggests, at the same time, that EUrope is not reducible to the institutions of the EU.

ⁱⁱ Interviews have been conducted on the Greek island of Lesbos in August 2020 with UNHCR, IOM, Greek authorities (Reception and Identification Services), with some NGOs (Doctors without Borders, Legal Center Lesbos and HIAS).

ⁱⁱⁱ Walters (2011: 151 and 146) writes that his “use of the term humanitarian border is designed in part to emphasize that we are dealing here with a singularity, something new” and warns against linear narratives, contending that while we analyse humanitarian borders, we need to consider that borders “are also taking other forms.”

^{iv} In the Aegean region, increasing geopolitical tensions between Turkey vis-a-vis Greece and the EU have considerably impacted migratory movements even before the outbreak of the Covid-19 pandemic. After the Turkish government declared its borders ‘open’ in late February 2020, thousands of migrant sought to cross to Greece and were met with violence exerted by Greek forces along land and sea borders.

^v http://www.immigrazione.biz/upload/decreto_interministeriale_n_150_del_07-04-2020.pdf

^{vi} <http://www.protezionecivile.gov.it/amministrazione-trasparente/provvedimenti/-/content-view/view/1250434>

^{vii} It is important to stress that the official closure of Italian ports passed quite unnoticed, and it was de facto widely accepted by the population, both because the national debate was monopolised by the Covid-19 emergency and because the political coalition which is currently in power is not a right-wing government - unlike when Matteo Salvini firstly closed the ports in mid-2018.

^{viii} Interview with Doctors without Borders, conducted in Lesbos, August 21, 2020.

^{ix} Skype interview with Prepaid Financial Services, June 25, 2020.

^x At that time, migrants who were about to cross to Greece did also receive a text from the Greek authorities who warned them of not entering Greece (Stavis-Gridneff, 2020).

^{xi} The center-right wing party Neo Demokratia won the elections in July 2019, after that the left-wing party Syriza had been in government. Once Neo Demokratia was in power, violent border enforcement practices soared in the Aegean Sea.

^{xii} For example, at the beginning of 2020 the Greek government committed to the implementation of mobile deterrence barriers at sea. Then, after the four-month experiment with the floating tents, the plan was relaunched in summer 2020 (BBC, 2020).

^{xiii} These had been introduced with the EU-Turkey Deal, signed in March 2016.

^{xiv} Interview with a lawyer from the organisation HIAS, Lesbos, August 24, 2020.

^{xv} “The combination of medicine and hygiene, is in the nineteenth century, if not the most important element, an element of considerable importance because of the link it establishes between scientific knowledge of both biological and organic processes (or in other words, the population and the body), and because, at the same time, medicine becomes a political intervention-technique with specific power-effects” (Foucault, 1997: 252).