

Viral borders: COVID-19's effects on securitization, surveillance, and identity in Mainland China and Hong Kong

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Abstract

As COVID-19 spreads, new processes, forms, and scales of bordering practices transcend national territorial limits. This commentary critiques how “viral borders” are securitizing global supply chains of medical products, disciplining citizens, and reterritorializing communities and contemplates their consequences post-pandemic.

Keywords: borders, COVID-19, pandemic, securitization, surveillance, identity

Introduction

One of the most salient responses to the SARS-CoV-2 (COVID-19) outbreak in late 2019 was the wide closing of territorial borders and restricting of international travel. Yet not only have national borders shut in an act that Byung-Chul Han (2020) calls a ‘desperate expression of sovereignty’. More unconventional bordering practices – defined as sustaining or modifying borders and (re)producing them in different contexts (Parker and Vaughan-Williams, 2012) – have materialized, from the scale of countries to communities and homes. While the object of control is a 125-nanometer virus, targets of containment range from national territories to human bodies.

Conceptualizing borders as processes through which power works (Johnson et al., 2011), we reflect upon three emergency bordering practices. Drawing on the authors’ observations in Mainland China and Hong Kong during the early stages of COVID-19 (January-April 2020), we critique national governments’ efforts to constrain trade in medical products and surveil individual citizens’ movements and consider communities’ imposition of borders distinguishing residents from non-residents. Taken together, we theorize how, mid-crisis, these practices intersect with biopower and securitization,

surveillance, and identity to reshape and extend borders in ways that may persist post-coronavirus.

Borders and the securitization of medical products

The modern state's exercise of biopower has evolved from regulating the national population's health to individual citizens' productivity (Foucault, 2004). As the pandemic has unfolded, states have refocused on public health, putting their economies into a 'coma', to use a common metaphor. This reprioritization has triggered the restructuring and securitization of previously global medical product supply chains. One representative example concerns policies promoting 'domestic sales of medical commodities originally produced for export' (*chukou zhuan neixiao*) introduced by several provinces in China in February 2020. Guangdong, one of China's worst-hit provinces, formulated emergency measures that successfully encouraged export-oriented enterprises to sell medical goods domestically by accelerating procedures for domestic sales tax qualification, which such businesses normally lack. Guangdong's policies and similar ones worldwide (see Milne and Crow, 2020) suggest that local conceptions of public health trump global welfare. The international unity promoted by bodies such as the World Health Organisation – a target of U.S. President Donald Trump, who accused the United Nations agency of being 'literally a pipe organ for China' – proves illusory in the global race to guarantee national public health. Even national unity is at risk, with U.S. states locked in 'eBay'-like scrambles for ventilators, according to New York's governor.

While Chinese authorities can reverse the outward flow of their supply chains, other governments are less well-positioned to reconfigure them. Instead, they have established entirely new medical production lines within their borders. In Hong Kong, a group of citizens paid HKD \$150,000 to import a mask-making machine from India. The group's leader wished to remain anonymous for fear of being perceived as anti-authority (Reuters, 2020). His concern perhaps indicates that public health remains the government's prerogative, especially during an emergency. To ensure local production of face masks, the Hong Kong government established a 'Local Mask Production Subsidy Scheme' under its 'Anti-Epidemic Fund.' National self-sufficiency in producing commodities for energy and food security has long been many governments' goal (Collins, 2016). Now, the production of critical medical products is being securitized and reterritorialized, too.

Geofencing the home

While COVID-19 bordering practices revive Fordist twentieth-century assembly lines in globalized, service-oriented economies like Hong Kong, borders are also accelerating into the twenty-first century via the introduction of sophisticated surveillance methods. With mobile tracking technologies, governments can precisely monitor or even control the movements of individuals, although loopholes exist.

Dozens of governments now require temperature checks and health declarations at border and boundary control points. Others, mostly in East Asia, slap electronic location-tracking devices onto entering travelers to enforce home quarantine, extending border technologies into private residences via advances in 'geofencing', or remote location control (Dobson and Fisher, 2007). In March 2020, Hong Kong began mandating two-

week home quarantine for all arrivals except essential workers; soon afterwards, it restricted entry only to those possessing a residence permit. Quarantine is enforced by tracking wristbands, which quickly progressed from flimsy paper wristbands (Figure 1) to Bluetooth-equipped plastic wristbands. All iterations were accompanied by a mobile phone application called ‘Stay Home Safe’, which the traveler must use upon reaching home to map out and upload their residence’s GPS coordinates.

The latest wristband technology seems foolproof. But quarantine adherence also depends on individual self-discipline and community members’ watchful eyes. In the days following the regulation’s introduction, local newspaper articles featured citizen vigilantes who spotted wristband-wearers illegally in public – shopping, exercising, or eating out – and reported them to the police (which also suggests that when they left the house, the authorities were either not immediately notified or lacked adequate enforcement capabilities). Control of individuals’ movement thus relies not only on technological innovations but on the age-old enforcement mechanisms of the self and those who watch the watchmen, too.



Figure 1. Quarantine tracking wristband on the second author at Hong Kong International Airport (photograph by Mia Bennett).

The emergence of rural gated communities

Just as community vigilance supports geofencing technologies, it is also vital in erecting local borders to police the movement of those free to leave their homes. Chinese ‘community’ tends to be territorially defined (with the word translated as *shequ*, from ‘society’, *she* and ‘area’ zone, *qu*) and possess a high degree of self-governance (Xu, 2008). While COVID-19 worsened during Lunar New Year, when families and friends travel far and wide for much-anticipated annual reunions, rural and urban communities still rendered their borders generally impenetrable to outsiders.

Although gated neighborhoods have long been common in Chinese cities, villages have historically been less likely to wall themselves off as residents are scattered across a wider area and have strong social ties with neighboring villages. But in late January, the village of Lingqianmajiazhuang near Qingdao (Shandong province) fortified its borders by blocking all but one entrance (Figure 2). This process occurred across much of China’s countryside. While residents could freely enter and exit this rural equivalent of an urban gated community, visitors from neighboring villages could only gain access by completing

a form and temperature check. Visitors from other places (non-locals, or *waidiren*) could not enter at all.

As the infection rate slowed, communities began to ‘deborder’ and dismantle their temporary fortifications. Yet the identities and ‘insider’ feelings enhanced by the daily experience of crossing community borders (e.g. Cassidy et al., 2018) have not similarly weakened. In Lingqianmajiazhuang, still-vigilant villagers remain suspicious of outsiders’ entering. Despite rural China comprising acquaintance-based communities where locals can easily spot *waidiren*, visitors are now required to scan a QR code displaying their health condition to gain access to public spaces. Those bearing ‘yellow’ or ‘red’ codes, indicating possible infection, cannot enter. On the one hand, such formal technologies could undermine or even replace informal social mechanisms of surveillance in post-pandemic China, weakening community ties. On the other hand, just as the pandemic has reinforced nationalist sentiments, it could also strengthen subnational and local identities and spur discrimination against ‘outsiders’ and those lacking a clean bill of health.



Figure 2(a). An entrance sign to Lingqianmajiazhuang reads, ‘No Entry’ (*jinzhi tongxing*); 2(b) A visitor completes a health declaration form at the village’s single visitors’ entrance (Photograph by Xiaofeng Liu).

Post-pandemic borders?

Export restrictions, quarantines, and community gating may be well-intentioned. It is critical geographers’ responsibility, however, to expose the spatial inequalities that arise both within and between the new borders produced in the name of public health. Despite globally popular hashtags like #StayHomeTogether and public service campaigns avowing ‘Together, We Fight the Virus’ in places like Hong Kong (Figure 3), human society has failed to establish a united front against the virus. New bordering practices separate residents from non-residents, the quarantined from the unquarantined, and the healthy from the unhealthy, while the reinforcement of longer-standing national and local borders galvanizes territorial identities. Fortress mentalities may even extend to the home, with reports of some individuals in Wuhan suffering from agoraphobia and refusing to go outside following quarantine. At the same time, new and selective mobilities may eventually arise as QR codes and perhaps ‘immunity passports’ permit the virus-free to travel. In this vein, the post-pandemic state may express a renewed interest in regulating its population’s physiology, albeit now at the microscopic scale. Still, cultural and socio-political differences will affect governments’ abilities to transform and advance bordering

practices. Whereas protests against lockdowns in the U.S. reflect deep-seated individualism, in Hong Kong and places like Singapore and South Korea, citizen vigilantes duly report and publicly shame quarantine breakers.



Figure 3(a). Hong Kong tram painted with 'Together, We Fight the Virus' in English and Chinese; 3(b) A public service announcement in a busy elevated walkway with the same slogan (Photograph by Mia Bennett).

A more globally uniform reaction to COVID-19 is the reterritorialization and securitization of supply chains critical to public health. Governments of countries like Australia are also enacting rules to prohibit foreign takeovers of devalued assets during the pandemic. These measures often target China, on which Western governments are seeking to reduce their dependence. Yet as China returns to work before much of the rest of the world, decoupling may be hard to achieve. Broader 'deglobalization' and national self-isolation could also fracture international efforts to discover and make globally available a COVID-19 vaccine.

Ultimately, while the rebordering of communities and economies may generate certain public health benefits, the practice may be counterproductive in some contexts. Lockdowns in the Global South, for instance, may cause destitution and starvation. Yet as Jappah and Smith (2015: 1152) underscore in their study of biosecurity and infectious disease, 'These societies are not homogenous; the poor in affluent nations share some similarities with the poor in the periphery'. Lack of health care and government support also affects people across the Global North. Attending to the unevenness of bordering practices during the pandemic can reveal how such policies travel – or 'go viral' – across space and time. It may also engender the rebuilding of post-pandemic societies that are healthier and hopefully fairer.

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