What does COVID-19 distract us from?
A migration studies perspective on the inequities of attention

Throughout 2020, movements for solidarity raised their denunciations of the ongoing and constructed border violence globally. Today, amidst the ideological fog of COVID-19 hysteria, such issues are deafening in their absence. This silence is a harbinger of coming carceral governmentality, long the norm in the spaces of exception that define the frontiers of wealth the world over.

For all the legitimate attention the epidemic, and how to respond to it, receives, the constructed lack of capacity and preparation is precisely how we understand the crisis. It marks longstanding inequities in our societies, of chronically under-resourced health systems predicated on narrow, commodified understandings of health and care, with little concern for the well-being of our neighbours. The contours of this lack are always-already-racialised, tracking the global colour line, now patrolled by cascading nationalisms among whom the only solidarity is with the continued violence at its internal and external frontiers (von der Leyen 2020). Official narrations of the COVID-19 crisis, as one of national, collective overcoming of a risk that touches all equally, contribute to the erasure of these inequalities, both internally among our risk groups and migrants – whose precarised labour we profit from – and externally, in places where public health systems would look to ours as a distant, blockaded ideal (cf. our camps).

We observe two scales in which this racialised inequality continues to be operative amidst the crisis.

First, internally, COVID-19 is exploited as further justification for the pathologisation of perceived ‘Others’ as forms of social contagion (Belak et al. 2020). This is evident in the widespread experiences of hostility and prejudice of those racialised as ‘Asian’, and repeated misnaming of this epidemic as the ‘Wuhan virus’. Such everyday processes of racialisation bring about the closure of social frontiers through discrimination, before preparing the ground for legalised forms of exclusion now proliferating (Namer et al. 2020). By constructing perceived ‘Others’ as ‘excludable’ from care, and then blaming them as potential carriers of a disease we already have, we undertake a profound double movement that culpabilises the exposed and erases our responsibility as perpetrators of this exposure.

1 Cf. SARS outbreak in Toronto (Keil 2018).
Second, we see this double movement operating most perniciously externally. In our spaces of exclusion from wealth and rights, now absent from public discourse, it is in the camps where COVID-19 will be most deadly (Oishi and Alam 2020), and yet migrants themselves are already being constructed as potential public health risks. These spaces of exclusion, exposure and condemnation to suffering this disease have no public health infrastructure nor hope of practising ‘social distancing’ (Médecins sans Frontières 2020).

These people are those whose suffering we long ago decided to distance ourselves from socially.

This is about more than Moria, Matamoros, Kutupalong, Al-Shati or Kakuma. The silent consent of criminal negligence that is COVID-19 in these places is a crime against humanity in the making. There is time to heed the calls for evacuation in the face of this looming humanitarian catastrophe. Against ascendant and narrow nationalism, we must respond with a mass mobilisation of care and the evacuation of these spaces of exception cum graveyards.

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