

Pandemic citizenship

Lorenzo Piccoli

How to quote: Piccoli, Lorenzo (2024), "Pandemic Citizenship", in *Encyclopedia of Citizenship Studies*, Marisol García Cabeza and Thomas Faist (Editors), Edwar Elgar.

The responsibility to protect during public health emergencies

During public health emergencies, governments come under increased pressure to protect their communities. This chapter introduces the concept of pandemic citizenship, which is used as a heuristic notion to understand shifting conceptions of membership and related rights during such emergencies. Thinking through the prism of pandemic citizenship, we can distinguish between those individuals who are eligible of emergency protection by public authorities in pandemic times and those who are not. The definition of who is treated as a pandemic citizen is likely to change across communities, as well as over time, because of different conceptions of governments' responsibility to protect individuals with different legal statuses.

The distinction between pandemic citizenship and citizenship in normal times is important for two reasons. The first reason is that pandemics enhance inequalities in health, housing, employment, social capital, and wealth: These moments of crisis pose existential threats to vulnerable groups of the population, who are at greater need than usual of public support. The second reason is that pandemics create the conditions for political actors to introduce new rules or accelerate transformations that were already in the making: In times of emergency, political actors gain more capacity than usual to change the distribution of rights and obligations both quickly and substantially. In short, the heuristic concept of pandemic citizenship allows to study processes of inclusion and exclusion in times of *heightened inequalities* and *strong public intervention*.

Pandemic citizenship can be used as an overarching concept to study whether interventions rolled out by governmental actors during public health emergencies are inclusive or exclusive towards different groups of the population. Pandemic citizenship can also be employed as a proxy to answer questions about legitimate and equitable responses to public health emergencies. Finally, pandemic citizenship can be mobilised to explore evolving conceptions of solidarity and civic responsibility in times of crisis and reconfigurations of public priorities. Pandemics are exceptional, but they may be trigger social and political innovations that outlast the emergency that they were meant to contain.

Processes of inclusion and exclusion: Covid-19 and other pandemics

When a contagious disease spreads rapidly across a large region, affected communities are confronted with two sets of with adverse effects. First, the potential exposure to the virus; second, the negative externalities of the measures taken by public authorities to restrict social contact and halt the spread of the disease. Chief among these measures is the closure of borders. Historically, these effects have been unevenly distributed among populations. As early as 542 AD, for example, Roman Emperor Justinian limited the mobility of Jews, Samaritans, and pagans, in an attempt to curb the spread of the bubonic plague. In the twentieth century, the HIV/Aids pandemic led to severe restrictions in the right to travel internationally for the LGBTQ community (Chang *et al.*, 2013). Selective border closures were among the earliest government responses to the more recent emergence of diseases, including Ebola virus disease, Middle East respiratory syndrome, and severe acute respiratory syndrome (SARS).

In 2020, the spread of SARS-COV-2 and the ensuing Covid-19 pandemic brought renewed attention to the unequal conditions that individuals experience during public health emergencies (Shaw, 2021). The Covid-19 pandemic had stratified effects in terms of gender, race, and legal status. Because of emergency school closures in developing countries, for example, girls dropped out of education at higher rates than boys due to the disproportionate increase in unpaid household work (Burzynska and

Contreras, 2020). Black, Asian and minority ethnic groups in the United Kingdom experienced more adverse health outcomes compared to the white local population, in terms of number of both cases and mortality rates (Bhatia, 2020). Finally, asylum seekers have been disproportionately affected by emergency travel restrictions adopted by countries in Europe, North America, and Oceania, with the suspension of asylum procedures and, in the United States, summary deportations (Ghezelbash and Feith Tan, 2020). Pandemics expose pre-existing hierarchies of membership, leading to the further marginalisation of already vulnerable groups (Hu, 2020).

Hence, during pandemics, the protection of vulnerable groups becomes especially important. This is due not only to the specific challenges that they face because of their socio-economic vulnerability, but also because of mounting xenophobia and discrimination (Dionne and Turkmen, 2020). The Covid-19 pandemic led to speculation on the “foreignness” of the virus, with explicit racialisation of its origin. In this context, there is a greater risk governments may exclude residents from rights and services on the basis of gender, social class, ethnicity, or – as it happened with other pandemics – sexuality. Governments may also treat some of their own nationals as de facto non-citizens, as in the case of homeless populations that were generally overlooked by public authorities and could not access basic protection due to the lack of stable residence (Fenley, 2021). There are many ways in which public health emergencies can lead to exclusionary outcomes, with potentially discriminatory effects.

At the same time, pandemics expose the social and public health risks of having large groups of individuals who live at the margins of society with limited or no contacts with the public authorities. In this context, deliberate exclusion from services undermines public health measures. Governments may expand the rights available to foreign residents to contain the spread of the virus and ensure protection for the entire resident population. Faced with a contagious disease, there are strong grounds to provide health to the entire population, regardless of legal status, as a strategy to protect the core in-group of nationals. Governments may also decide to grant more secure status and rights to those with precarious immigration status, including

seasonal agricultural workers, other migrant workers, undocumented migrants, and asylum seekers in recognition of their contribution as 'essential workers'. These are just few examples of how public health emergencies can trigger inclusionary processes, which potentially subvert dominant understandings of valued and unwanted individuals.

Placing these contradictory processes at the centre of the enquiry allows to understand who is treated as a citizen and thus entitled to public protection during a pandemic. This approach also prompts an investigation into the reasons behind different choices and priorities and their impact. These research objectives are connected through the heuristic notion of pandemic citizenship. The next section discusses some ways in which this notion can be used.

The major dimensions of pandemic citizenship

Pandemic citizenship can be used to study the consequences of a broad range of public policies. During recent pandemics, governments were confronted with difficult choices regarding who qualifies for evacuations, international travel, and extraordinary welfare relief including, but not limited to, emergency furlough, medical testing, and vaccinations. Decisions as to who is eligible for these measures vary significantly both over time and over space.

Pandemics can lead to a re-definition of the rights that are connected to different legal statuses. A global survey of international travel restrictions during the Covid-19 pandemic, for example, shows how states reconfigured the basis for admission into their territories responding to different functional imperatives (Piccoli, Dzankic and Ruedin, 2021). Theoretically, we can identify at least five distinct grounds upon which governments can base their decisions on who is entitled to re-admission during a public health emergency: upholding legal bonds (e.g., the status of nationality or the status of residency); upholding social bonds (e.g., being a family member of a national or of a resident); upholding humanitarian protection (e.g., asylum seekers); enabling medical aid (e.g., having medical expertise that

is crucial to the containment of the pandemic); and the preservation of critical supply chains, work, and services that may not necessarily be directly connected to the pandemic but they are indispensable for the well being of the community (e.g., working in agriculture, cleaning, domestic care, logistics, transportation, etc). Governments take different decisions on which of these grounds should be prioritised. This variation shows that there exist alternative conceptions of pandemic citizenship with respect to the right to travel into and out of the country in times of emergency.

Pandemics can also lead to shifting priorities in the understanding of who should have access to secure status. The expansion of the pool of individuals eligible for legal status has regularly been used as a strategy to consolidate loyalty and consensus after periods of crisis; for example after wars to reward combatants. During the Covid-19 pandemic, the governments of Italy, Peru, Portugal, and Spain implemented regularisation programmes to provide legal status to large groups of unauthorised migrants. The government of France expanded the pool of individuals who are eligible for fast-track naturalisation because of special recognition of their contribution as 'frontline workers' during the pandemic. In other countries, the objective of protecting the core-group of nationals led to the temporary expansion of rights for vulnerable groups: Saudi Arabia, for example, granted access to health care services to irregular non-nationals in the country. At the same time, pandemics can lead to the further marginalisation of some vulnerable groups. For example, during the Covid-19 pandemic most governments around the world suspended regular safe-settlement channels for asylum seekers using public health rules; and the government of the United States initially excluded irregular non-nationals and their family members from the provision of emergency welfare provisions.

These processes of inclusion and exclusion are complex and, sometimes, contradictory. They vary over time, across different policy fields, and even within the borders of states as local and regional communities take measures that contradict or complement national policies. Using the overarching concept of pandemic citizenship, it is possible to link these processes together to understand under what conditions public health

emergencies put in motion a mechanism for (1) expanding or contracting the rights available to previously disadvantaged groups of the population and (2) facilitating or hindering access to secure legal statuses.

The examples provided in this chapter show that during a pandemic, governments have the capacity to depart from entrenched ideas about who is worthy of protection and re-configure conventional priorities and hierarchies. It is still not clear if and under what conditions these processes become permanent. Some practices survive pandemics and create momentum for establishing a standing policy, but other initiatives are ad hoc and short-term. The temporary effects of these reversals deserve further scrutiny.

The drivers of more inclusive/exclusive conceptions of pandemic citizenship

Community-specific articulations of administrative, economic, epidemiological, legal, and political constraints hinge heavily upon considerations of who is treated as a pandemic citizen and who is not. Particular calculations inevitably lead to different outcomes in terms of who is considered a pandemic citizen. Theoretically, different factors can explain processes of inclusion and exclusion from rights during a pandemic. Current work on the topic emphasises five drivers of inclusive/exclusive conceptions of pandemic citizenship.

Administrative drivers

We can imagine that lacking capacities for hospitalisations and welfare relief may lead to more restrictive political action (Hale *et al.*, 2020). For example, a government may be able to provide vaccinations to all individuals who are in the territory of the state regardless of legal status, while another government may only have limited amounts of vaccinations and therefore decide to limit access to regular residents while excluding nationals who reside abroad and irregular residents. The preparedness of public institutions, governance structures, and specific health-sector

related capacities may account for the variety of policy responses and their timing during a pandemic.

Economic drivers

Different conceptions of who contributes to the community play a crucial role in determining whose protection should be prioritised during a public health emergency (Gandenberger *et al.*, 2022). The perception that some individuals contribute more to civic efforts to contain the spread of the virus may be a powerful driver of policies. During pandemics, governments may have special incentives to grant greater rights and services to those individuals who are seen as more deserving, or essential, than others.

Epidemiological drivers

The relative incidence of the virus in the community could play an important role in explaining processes of inclusion and exclusion from rights and services. With a high number of cases, governments may become increasingly selective on how they allocate their resources, especially in the field of public healthcare. Theoretically, it is plausible that a more serious epidemiological situation leads to more restrictive political action; however, little evidence to date supports this hypothesis.

Legal drivers

We can expect that the relative strength of democratic institutions plays a role in decisions on who should be protected during a pandemic (Stasavage, 2020). Liberal democratic institutions that protect the rule of law may make it more difficult to arbitrarily exclude from rights vulnerable groups of individuals. By contrast, it is also possible to imagine that, faced with a public health emergency and free from institutional constraints, autocratic governments quickly expand the provision of basic rights and services as a way of ensuring the protection of their population.

Political drivers

Differences may be explained by alternative conceptions of the place of migration in the nation and national belonging (Mégret, 2020; Macklin, 2021). These narratives and the assessment of public opinions towards different

communities powerfully shape evaluations of who should receive aid and support in times of emergency. Legacies of colonialism, diverse experiences with immigration and emigration, and specific conceptions of the role of the state are likely to result in different treatment of vulnerable communities, spanning from summary deportations to long-term expansion of access to services.

Future directions in research, theory, and methodology

As more comparative data on the Covid-19 pandemic becomes available, it will be possible to advance our understanding of why governments have different priorities when it comes to whom they seek to protect and where they see limits to their responsibility during a public health emergency. Here we propose four directions for further comparative research.

First, efforts could go in the investigation of long-term legacies of pandemics. While some emergency decisions taken during pandemics can be temporary and reversible, others leave an imprint and create new paths or legacies that institutional actors may later find difficult to escape from. Historically, there are clear links between public health crises and the development of more inclusive citizenship. For example, when wealthy individuals realised that mitigation against common risks can only be provided through the expansion of basic welfare rights. Similar motives for expanding citizenship coverage and related rights could once again play a role when governments implement preventive measures against pandemics. It remains important to understand whether the Covid-19 will result in similar legacies or whether interventions taken to provide more secure status and expand the rights available to vulnerable groups of the population will be short-lived.

In parallel, further research should go into understanding the connections between pandemic citizenship and technologies. Cell phones became increasingly important to control individual movement during the Covid-19 pandemic, for example using tracking devices and notifications on quarantine requirements. The progressive roll-out of biometric

technologies, like vaccine passports, raises urgent questions on how digital tools are used to define pandemic citizens, and what the consequences are for individual rights, state surveillance, and public-private partnerships.

Relatedly, the Covid-19 pandemic led to a re-centralisation of powers in the hands of national governments. Through emergency measures such as lock-downs and emergency furloughs, national governments played a central role in the organisation of communities and social life throughout most of 2020 and 2021. Yet, local and regional governments also shaped the body of pandemic citizens; for example, by including undocumented immigrants in emergency relief packages, either formally or informally through the civic world of associations. These rights, established alongside nation-state-defined citizenship, are instrumental to sub-national governments' attempts to reinforce their political standing.

Finally, there are many instances of how the Covid-19 pandemic has activated borders, both within countries (between regions, federal Länder, provinces, and municipalities) and also across countries (Schengen area have reinstated systematic controls that had been suspended for decades). These measures could be studied together with citizenship, explaining how rights and entitlements that are connected to statuses of membership in different territorial units evolve during pandemics, and based on what reasons.

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