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EDITORIAL



The COVID-19 pandemic: territorial, political and governance dimensions of the crisis

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INTRODUCTION

As editors of *Territory, Politics, Governance*, we want first and foremost to express our solidarity with those affected and impacted directly by the COVID-19 pandemic. While none of us is untouched by the current public health crisis, what has unfolded thus far reveals only too clearly the inbuilt inequalities of contemporary capitalist society in terms of mortality, illness and recovery (for a pre-COVID-19 discussion of the United States, see Case & Deaton, 2020; and for the UK, see Wilkinson & Pickett, 2011). In the UK and United States, for example, ethnic minority communities are overrepresented in terms of mortality from COVID-19 (*The Guardian*, 2020a). Key workers (and ethnic minority communities are overrepresented in some areas such as health and social care) continue to operate in circumstances (not of their own choosing) where, depending on country and locale, the availability of personal protection equipment (PPE) is widely different in terms of efficacy, quality and protection standards. Crises often reveal what Shuster (2020) describes as structural inequalities (such as the unequal distribution of resources or the uneven delivery of healthcare) that produce harmful effects against some groups more than others. The UK Office of National Statistics (ONS) released March–April 2020 data for England and Wales which revealed that COVID-19-related death rates in the most deprived areas are more than double those of the less deprived. Profound socioeconomic-, gender-, class- and ethnicity-related disparities in COVID-19 mortality are being revealed on a weekly basis (ONS, 2020).

Demands to practise ‘social distancing’ reveal, moreover, further social and spatial schisms as the capacity and capability to do so will depend on household dynamics, social capital, financial resources and the uneven effects of community policing. For example, in many countries there is an urgent and ongoing discussion about the fate of vulnerable and elderly communities and

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the longer term restrictions they face on their social relationships and physical movements. This may stoke extreme resentment about unequal mobility, prolonged isolation, and fuel mental and physical crises (Brooke & Jackson, 2020). The present pandemic is raising fundamental questions about what makes a community, a population and a nation sustainable. Social equity and intergenerational justice are integral to well-being and sustainability in space and over time. Multigenerational households will be particularly affected by social distancing measures, and they have in turn become more prevalent in advanced economies such as the United States during the last decade due to recession and austerity. Around 20% of the US population lives in a multigenerational household compared with 12% in 1980 (Pew Research Center, 2018). In India, the National Family Health Survey conducted in 2015–16 concluded that at least four in ten households are multigenerational (*Hindustan Times*, 2020).

Pandemics, like natural disasters and austerity, reveal that we are not all in it together (Davidson & Ward, 2018; Harris & Keil, 2008). There is instead an uneven capacity to act and react for some while opportunities abound for profiteering by others (Loewenstein, 2017; Parthasarathy, 2018). For all the attention given to European citizens and their lockdown experiences, in other parts of the world such as India public health measures have effectively magnified further disadvantaged conditions before the virus itself. The declaration of a lockdown in India was announced at short notice in March 2020 and gave no opportunity for residents and migrants to return home within India, let alone beyond. The disastrous loss of income and livelihood resulted in a spike of suicides and accidents, as the most vulnerable in particular struggled to cope with the magnitude of the disruption. In the Middle East, migrant labourers from India and Pakistan have accused their respective states of not being willing to help them return home. Local embassies and missions have had to provide emergency supplies as labour markets shut down. The social and economic geographies of the pandemic are in themselves revelatory of the precariousness of contemporary life for hundreds of millions of people around the world (Asian Coalition for Housing Rights, 2020).

As other journals issue their statements, special issues and editorials (e.g., *Environment and Planning D: Society and Space*, 2020; *Political Geography*, 2020; *The Lancet*, 2020), our contribution is designed to engage with the readers of *Territory, Politics, Governance* and ignite exchanges around the rapidly evolving concerns brought about by what is now deemed by many to be a global crisis. Over the last decade, this journal has sought out authors and commentators interested in the intersection of three terms: territory, politics and governance. We have not assumed that the three terms are self-evident or hermetically sealed individually and collectively. All three are slippery in the sense that they are constructed, contested and contestable at any moment in time and across space. But at a moment of crisis and long-term discombobulation, what can our key terms tell us about the contemporary and possible future state of the world? And how does the crisis sharpen or challenge our understanding of these concepts in a changing world?

TERRITORY

First, territory. Starting with state territories, the pandemic brings into sharp focus different levels of federal, national and subnational decision-making, intervention and efficacy. Political systems matter. Federal systems, with their division of power and responsibility, shed a light on how regional and state-level interventions either coordinate or clash with national policies and strategies. Is there evidence that federal systems are handling the pandemic any better than unitary systems? In Australia, Canada, Brazil and the United States, we have witnessed clashes and disagreements over the imposition and severity public health measures, as well as the purchasing and distribution of emergency medical supplies. In federal Belgium, the mortality rate is one of the highest when compared with other European countries. But that might be simply down to the fact that the Belgian authorities are counting hospital and care home deaths as well as suspected, rather

than confirmed, COVID-19 cases. In Spain, there have been sharp regional variations in health-care provision, social care and public health, with major cities such as Madrid and Barcelona being worse affected.

Some unitary states such as South Korea, Singapore and New Zealand have been lauded for their rapid health interventions, border closures and prime ministerial leadership. Others, such as federal Germany, armed with strong political leadership in the form of Chancellor Angela Merkel, have shown what a well-funded public health system can achieve in terms of patient care and societal intervention (even when German states differ in the severity and longevity public health measures). Federal and unitary states, with a range of populations alongside a spectrum of liberal democratic and authoritarian variants, have all been criticized for their failings to respond to the pandemic. Austerity measures, sclerotic leadership and civic repression have all been cited as likely causes of political inadequacy. The United Nations applauded South Africa, for example, for its bold and decisive leadership in response to COVID-19 (United Nations, 2020), and other countries such as Greece reacted quickly with strict lockdown measures to limit the potential scale of the crisis. In some of the poorest parts of the world, a chronic shortage of medical equipment would have prevented the testing, diagnosis, and treatment of COVID-19 cases and the identification of deaths related to the SARS-Cov-2 virus. The overall picture is complicated and cannot be explained by the formal structure of political systems per se.

For supranational and international organizations, the pandemic will continue to provoke serious questions about their efficacy. National governments and their policy measures – including funding – have been critical in mobilizing public health measures. The European Union (EU), as a supranational organization, has played a limited role. Indeed, in the immediate aftermath of the UK departure in January 2020, the EU faced a legitimacy crisis of the highest order. After the financial crisis and the ongoing migrant crisis, the pandemic yet again revealed a schism between north and south European states. Initial opposition from the Netherlands regarding possible unconditional financial support to heavily affected Italy and Spain was condemned. Finding solidarity amongst member states is going to be a major challenge in the midst of a mounting debt crisis, widespread border closure in the Schengen region and the loss of the UK member contribution. The pandemic might yet reinvigorate the EU and lead to a new initiative to fund and enhance pan-European integration in emergency planning and public health provision. The EU agency, the European Centre for Disease Prevention and Control, is likely to be a beneficiary.

Beyond such institutional and comparative work, it is instructive to consider what Ananya Roy and Emma Crane have spoken of – the ‘territories of poverty’ (Roy & Crane, 2015). Repurposing their analytical insights, the territorialization of public health reveals a landscape shot through with gender and class inequalities and racial injustices. The COVID-19 pandemic reveals not only a matrix of vulnerabilities and precarity but also how European and other states including the United States are now being forced to inject large sums of money into public services, previously affected by austerity measures. While economic and political elites lobby governments to be allowed to reopen businesses, the inequalities of capitalism will inevitably shape the social consequences and geographical distribution of the pandemic with concern expressed that keyworkers in the health, social care and transport sectors are inadequately protected from the virus. As Naomi Klein has warned, with immediate reference to the aftermath of Hurricane Katrina in 2005, disaster and capitalism find ways of exploiting and profiting from one another (Klein, 2007).

Consider also the contrast between two sorts of ‘spreading’. We have the hyper-mobile privileged communities being suspected of spreading the virus through international travel and interaction in ski resorts, fashion shows and coastal vacations, while we learn of the recent and worrying spike of infections in the overcrowded dormitory accommodation of low-skilled migrant workers in Singapore (Loong, 2020). Crucially, with these dormitory enclaves becoming the target of blame and discrimination as the Singaporean government reassures its citizens that the level of ‘community spread’ is receding, the ‘territories of poverty’ thus work to reproduce and further

entrench the marginality of this latter group. Social distancing is meaningless in the territories of poverty. There is no distance to work with in the overcrowded informal settlements of megacities such as Mumbai, Johannesburg and Lagos.

The pandemic has amplified processes of ‘othering’ and exposed *inter alia* racism against Africans in China and India, and against Asian Australians (African Union, 2020; *The Guardian*, 2020b). The intersection of quarantine, disease, populism and xenophobia has a longer history with repeated outbreaks of racist violence against minorities and migrants (e.g., Bashford, 2004). Border closure during this pandemic has revealed a legion of contradictions. Countries have shut their own borders to non-residents and foreign nationals while scrambling to repatriate their own nationals. Health control and tracing have been patchy at international airports and sea-ports. Much of the concern has been focused on cruise ships rather than air travel. While there is clamour for restriction on the movement of people, the richest and most privileged have found ways to retreat to their second homes. We might also see lasting implications for those countries hit hardest by the pandemic, with some passports and nationalities being targeted for extra public health scrutiny.

The territorialization of countermeasures also alerts us to the fact that lockdowns, quarantines, social distancing and border closures will contribute further to the agendas of states eager and willing to put surveillance regimes and smart border technologies to ‘work’. The socio-material terrain of public health risks intensifying further discrimination amongst communities, differentiated risks and vulnerabilities, power-grabs and struggles to secure safe and secure infrastructures (e.g., Ellis, 2020). The ‘bio-surveillance state’ depends on big data governance (Roberts, 2020), as well as via a digital–electronic network of satellite communication. Former CIA contractor Edward Snowden warned his readers that ‘When we see emergency measures passed, particularly today, they tend to be sticky. ... The emergency tends to be expanded. Then the authorities become comfortable with some new power. They start to like it’ (quoted in Johnson, 2020).

This should not, however, obscure the fact that public health is also a space to build solidarities and for collectives to work together. Being mindful of one another can and does contribute to care and welfare. Calls for investment, universal payments and basic income have become widespread, and solidarity groups and neighbourhood organizations are engaged in mutual aid programmes. For all the warnings about bio-surveillance and big data governance, this pandemic has also revealed the difficulties of obtaining precise statistics and the limits of state power over national territories. If anything, this crisis shows the limits of those fantasies of absolute knowledge embedded in the bio-surveillance state and the medical archive (on the archive and fantasies of knowledge, see Richard, 1993).

POLITICS

Second, politics. Interpreting and responding to pandemics is always a political act. The decision to impose border controls, the quarantining of population, the management of public information and attitudes towards others are never free from such things. Important here are the particular approaches to the symptomology (Hay, 2012) of epidemiology, that is, how states construed the coronavirus health policy problem and then articulated the health intervention from this position. Political and medical leaderships in government, national agencies and international bodies such as the World Health Organization (WHO) have scrambled to take control of data and figures, to ‘flatten the curve’ and to communicate public health measures that will command consent and support from their populations. This has been complicated further by accusations that public messaging is being made harder by rampant social media ecologies.

The pandemic posed a major challenge to public health systems around the world. Nations deliberately suspended civil and political rights – and they did so with strong public support (with others expressing concern about how long such extraordinary measures would be in place

and the level of accompanying scrutiny). The measures were severe: the right to move, to assemble, to demonstrate and to attend religious services was quashed. The declaration of the state of emergency is not felt evenly, however, as multiple studies of crises, terrorism, drug addiction, insurgency and disaster remind us (Lakoff, 2017; Lazar, 2013). Social policing might lead to people being unfairly targeted or subject to even more extreme restrictions of movement and isolation. People with underlying medical conditions and the elderly were identified first and foremost as needing more confinement. People with non-COVID-19 illness were told to avoid seeking medical treatment and governments around the world operated with a great deal more secrecy, often being reluctant to share details about the pandemic and reveal who was serving on public health advisory committees. Parliaments have been side-lined and the military mobilized to provide emergency care, logistical support and public health interventions. These are truly extraordinary times, which will require parliamentary democracies in particular to think about how and when they recalibrate the relationship between the executive and legislature. As authoritarian governments have shown repeatedly, there is a danger that the state of emergency becomes the new norm.

On the other hand, we might point to a 'pandemic populism', authoritarian opportunism and geopolitical skulduggery. India and Pakistan have accused each of promoting separatism and inflaming social division in Kashmir and elsewhere. A pandemic is a proverbial shot in the arm for ideologues who wish to stop immigration, build walls and 'take back control' (Agnew, 2020; Brown, 2010). Within the United States, protestors have gathered to complain about social distancing and lockdown measures, and much of the anger is being directed towards governors who have issued strong 'stay at home' orders. Rumours, 'fake news' and conspiracies inevitably inflame social division and polarize communities between those who want to restart and those who wish to restrain (pointing further to what Bomey, 2018, has simply termed 'after the fact'). In a US presidential election year, it is highly likely we will hear stories galore about voting irregularities, conspiracies about the 'rightful winner' and social protests as citizens face different opportunities to register their vote across the 50 states.

The pandemic has revealed, however, that there is a world of other more hopeful political possibilities. We have witnessed some liberal democratic states such as Iceland and New Zealand being praised for their decisive action and expressions of collective solidarities. There has been evidence aplenty of worldwide expressions of support and solidarity towards vulnerable communities, including migrants, asylum-seekers, unaccompanied children and victims of domestic violence. Volunteers are playing a crucial role in supporting the elderly as well as working in key sectors such as agriculture and transport. Fundraising is often local and targeted towards the most vulnerable community members. Where governments have been slow or simply failed to act, mutual aid groups in particular have led to people pooling their time, expertise and resources. One lasting legacy of this work is perhaps to recalibrate debates about what sort of states 'fail' and what the future social contract with the citizen will look like.

In other areas of the world, Russia and China have used the pandemic to practise their own form of pandemic diplomacy. China sent facemasks, PPE and expert medical advice to heavily affected countries such as Italy. The nature of the aid has attracted criticism and suspicion. Italian journalists are warning their readers that Russian and Chinese medical assistance is not being properly scrutinized and that there is a real danger that intelligence officers/spies are covertly recording and evaluating the capacity of the Italian authorities to cope with this public health emergency. Beyond the state, there is another kind of medical diplomacy being carried out and that is involving scores of families and diasporas sending supplies to kith and kin around the world.

Social media provides yet more opportunities for potential mischief-making (on what Braw, 2020, terms 'bad Samaritans'). Russia, in particular, might feel that there is much to be gained by 'helping' the EU in the midst of continued sanctions against it, as a consequence of the illegal annexation of Crimea in 2014. At the same time, it will continue to deploy public information as a 'tool of confrontation' with the West (Sukhankin, 2020). Meanwhile, China's so-called facemask

diplomacy is widely seen as an opportunity for the country to demonstrate that is indeed *primus inter pares*. Indeed, China's commitment to build a 'Health Silk Road' under its geographically expansive Belt and Road Initiative (BRI) underscores its intention to provide leadership in developing global infrastructures to enhance medical systems across different state spaces and to compete for the share of the global vaccine market (McDade & Mao, 2020; WHO, 2017). Others such as the Netherlands have also pointed out the prevalence of defective masks and publicly rejecting Chinese products as inadequate. Dutch national television, however, also cancelled a documentary about Wuhan and the pandemic for fear of jeopardizing the safety of Chinese citizens who spoke about the crisis. Meanwhile, the United States has been accused of using its financial power to outbid its allies when it comes to purchasing facemasks and medical supplies. All of which has been captured via hashtags and initial social media infodemic analysis by the academic community (e.g., Zarocostas, 2020). As with any crisis, the production and control of storylines and framing is shot through with power and knowledge struggles.

Will the tectonics of global politics shift further as a consequence of the pandemic? Opportunities exist for the rising superpower (China) and the 'besieged fortress' (Russia) to find further common cause in the wake of doubts about the liberal economic and political order. While Western countries have struggled to get to grips with the pandemic, Russian long-range bombers still found time to mount aerial missions and enter Irish airspace (*Irish Times*, 2020). Vietnam, Philippines, Taiwan and Hong Kong all worry that China will consolidate still further its geopolitical grip as others concern themselves with global public health measures and international information-sharing and coordinated border management. Indeed, such anxieties over China's growing influence seem particularly acute in the context of Hong Kong as local residents protest over the imposition of a new security law tailor-made for the island by the Beijing government (Cheung and Lau, 2020). The Covid-19 pandemic has certainly made a difference this landscape of protest insofar as the Hong Kong administrative authorities and police have invoked the breach of social distancing rules as a reason to disperse and inhibit large congregation of demonstrators. Smaller states such as Cuba can also use the crisis to showcase alternative socialist visions of universal access to healthcare and internationalism, demonstrate solidarity with the wider world, and advance new forms of medical diplomacy (for an earlier review, see Feinsilver, 2010; also Kornbluh, 2020). Cuba has sent its doctors to Italy and South Africa to fight the spread of the coronavirus. In the United States, meanwhile, there is also a new wave of demands for the United States to end its trade embargo and sanctions against Cuba. Tracking and tracing the global health and political geographies of COVID-19 will be a herculean academic task.

GOVERNANCE

Finally, governance. Expertise in epidemiology, virology and immunology has been in high demand, but this has led to disquiet that the mathematical modelling of infection has triumphed over the public health expertise of those who have had in-field experience of recent epidemics. While political leaders have wished to be seen to be 'following the science' in formulating their public health strategies, there has been a public questioning of expertise. Questions have been raised about the efficacy of facemasks, lockdown and social distancing, the closure of schools, and the role of children in spreading the virus. Social scientists warned that these measures carry with them societal ramifications including a likely spike in domestic violence, child abuse and mental health crises. As we noted above, household dynamics will also play a crucial role in determining the extent to which the elderly and those with underlying health conditions are exposed to possible infection. Public health measures should never assume an idealized household type. The role of experts in delivering national policy became exposed in the UK with the controversy around the constitution of the Scientific Advisory Group on Emergencies (SAGE), which

appeared to lack representation of key expertise such as molecular virology, immunology and intensive care (Costello, 2020).

The relationship between expertise and 'big data' is a striking feature of this pandemic. We have in Shoshanna Zuboff's apt phrasing that this is a form of (medicalized) 'surveillance capitalism', which is bring together states, social media companies and citizens (Zuboff, 2019). Algorithms, data analytics, automation and machine learning are being put to work in the name of public health interventions. Around the world we have seen authorities engaged in 'data races', where infection rates and response times are assessed daily. Drones are being deployed by various states to gather critical medical data and cast watchful scrutiny on 'lockdown' populations. Bio-surveillance has become widespread, with citizens being tested, modelled, monitored and alerted in real-time.

This is not to claim that the emerging relationship between data management and public intervention is without precedent (noting recent epidemics such as SARS and Ebola), rather it is to draw attention to the scale, speed and public-private partnerships that are integral to contemporary big data-surveillance-medical regimes and what has been described as 'biosecurity society' (Ferguson, 2019). It also should not distract us from continuing to ask questions about knowledge generation and the relationship between that and the sorts of guidelines and recommendations (e.g., 'following the science') which are sufficiently clear enough for governments and populations. The relationship between expert knowledge and policy formulation is never straightforward, however.

Who controls the modes of production and exchange in this era of medicalized surveillance capitalism? Private sector actors such as Facebook, Google and Amazon are integral to all of this. The pandemic demands something that the prevailing data ecology has not hard-wired: an open-access data-sharing economy. What we have had instead is the stockpiling, harvesting, monitoring and archiving of privatized data. Healthcare data are extremely valuable, and it is no surprise that companies such as Amazon are thoroughly embedded in healthcare systems. In September 2019, the company launched Amazon Care, described at the time as a pilot study for a 'virtual primary care clinic' for its employees (Amazon, 2019). In the midst of crisis, health authorities around the world are desperate for data resources to track disease diffusion, assist in the spatial allocation of resources and monitor the efficacy of public health messaging via social media. What is striking about the tenor of these engagements between governments and private actors is that the former has had to ask the latter for that data. When some speak about the need to 'take back control', we might ask whether far more attention needs to be given to data sovereignty rather than borders, currency and migration going forward.

Globally, the above raises inevitable comparison with more authoritarian governments such as China that exercise far tighter control over the production and regulation of data and the digital realm. Will all this provoke demands for a more Chinese state monopoly capitalist model of governance rather than the state assisted free-market of the United States? Or do Western governments double-down on surveillance capitalism and invoke national security considerations to tighten its grip on the digital and physical economy? While criticizing citizens for panic buying and hoarding, states around the world may well move closer to a contemporary Russian model of governance, which has been described as being on a 'war-like footing', especially in an era of sanction and restriction (Monaghan, 2016). Or is there middle road through and beyond the contemporary crisis fostered around notions of a Foundational Economy (FE), where policy-makers recognize that the fundamentals are food, housing, infrastructure, health, education and social care? According to FE advocates, the social provision of such things is foundational to the capacity to remain safe and civilized. The Foundational Economy Collective (2020) launched a ten-point platform for 'foundational renewal', which seeks to extend collective responsibility for foundational basics in all key areas, such as social licence and wealth taxes; and how it would work

differently vis-à-vis various infrastructures and activities from housing through food supply to energy.

Finally, we need to remain attentive to issues and challenges that will not decline in salience. From climate change to persistent global inequalities, our authors and readers will have plenty to contribute to debates about green deals, climate change policies, state intervention, and the future of global economic and political order. In public health terms, questions will also be posed about the future of WHO and whether we will see China contribute more in future to its budget, as the US administration announced its financial cessation to the international organization (which may in itself require congressional approval to take into affect). Going forward, there will be challenges, dangers and opportunities for the international order, liberal and/or post-liberal (Ikenberry, 2018).

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