

## School of Geography

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# Im/mobility in Coronatimes Blog

Read below the latest responses to the Coronavirus pandemic from staff in the School of Geography.

✓ The Return of the Vocation - 29th April 2020

^ Transformed privileges of im/mobility and COVID-19 - 22 Apr 2020



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## 22 April 2020

The global lock-down associated with the fight against COVID-19 has transformed the privileges, power, violence and hierarchies of im/mobility. The capacity to be immobile, by 'staying at home', is both premised upon, and has radically different embodied consequences depending on, articulations of age, class, gender, racialization, migration/residency status and dis/ability. Such consequences are further shaped by the spaces where these im/mobilities take place: the violence of existing forms of enforced immobility – in [migrant workers dormitories](#), [refugee camps](#), [detention centres](#) and prisons – taking on yet deadlier forms. In turn, whilst the social relations of reproduction, care, migration and labour are profoundly transformed, the contemporary moment is simultaneously shaped by continuities in the crises of social reproduction.

Home cannot be considered simply a site of uncomplicated 'safety'. While immobility at a bodily and home scale is burdensome for some, for others entrenched confinement within [sites and relations of domestic violence](#) poses [immediate danger](#). 'Staying at home' might also re-inscribe traumatic past experiences of confinement (e.g. in prisons or detention centres), exacerbate existing social loneliness and isolation, or [mental health](#). Housing for many is a matter of constant precarity. Yet 'staying at home' is also an undeniable privilege for many others. Maintaining the home as a site of privileged social reproduction for some rests upon an architecture of social inequality. Reflecting the extent to which government responses have been driven by economic imperatives curiously juxtaposed against health, in many contexts there was an expectation that while 'the vulnerable and high risk' could be shielded, economic activity should be maintained among those deemed at lower risk. Escalating rates of infection has necessitated social distancing measures with those able to stay at home and work encouraged or ordered to do so. The continuing mobility of others – some recognized now as key workers – has been enforced in part through market mechanisms, and [compelled through dependence on waged labour for ones own social reproduction](#). In short, the ability for many to stay at home rests upon a transfer of risk onto those continuing to service social reproduction needs.

Here we see how, whilst government responses to the pandemic produce new social categories of 'vulnerability', these do not map easily onto re-drawn positions of im/mobility. In practice this falls apart, as care workers,



supermarket and warehouse workers, transport workers and countless are daily put in harms' way. Social imaginaries which assert 'key worker' and 'vulnerable/high risk' as separated social subjects make visible endemic ableism and restrictive notions of health. Whilst social positionings as mobile or immobile have to some extent been re-drawn, relational dependence upon the socially reproductive labours of 'others' remains central – perhaps more visible than ever as structured along a social hierarchy of privilege, 'vulnerability', risk, violence, exploitation and social neglect.

(At least) a decade of austerity and disinvestment in countries like the U.K. is evidenced in an exponential growth in precarious employment embodied by zero-hour contract gig economy workers. As the service economy has been forced to shut down, so job losses have escalated. Coinciding with curtailed access to welfare – a disinvestment in the state and social services - recent government interventions have been criticised for limiting who can access the 80% of wages covered whilst on furlough – an optional scheme reliant on employer *opt-in*. In turn, distinctions between key workers are increasingly apparent. NHS doctors and nurses are deservedly valorised even while those employed in **care work** are lower down the pecking order comprised largely of low paid, untrained, zero-hour contract agency workers. Given poor working conditions, the estimated 122 000 vacancies in this sector are hardly surprising. The lack of PPE provision for carers, and the tragic death rate in care homes, raises long-range questions about the social valuing of care labour itself. Furthermore, the labour of others who service - the deliveroo drivers, the food delivery workers, warehouse workers, the refuse collectors - is perversely invisibilised even further. The reduction of contact to a total minimum seems to blend such labour even further into a kind of 'infrastructural' form. Their social contact and mobility must be maintained - there is no 'stay at home' for them.

Hierarchies of im/mobility are well-illustrated by the situation of many **migrant workers** whose response to the pandemic has been to continue to work even at risk of exposure, forced incarceration in worker dormitories and/or a return home. Precarious legal status which **restricts access to social welfare** can compound the compulsion to risk exposure faced by many precarious, low-waged workers. For others, compelled mobility has a yet larger geography. The hastily implemented Indian lockdown set in motion hundreds of thousands of daily wage migrant workers. Faced with the prospect of no work, no food and



widespread eviction from lodgings, they chose to 'return home' where the [welcome](#) was anything but warm. For others this option has been largely unavailable as governments have prioritised the return of elite 'out of place' citizens. These workers have been forced to stay in situ in countries like Singapore where migrants are confined in over-crowded dormitories identified as [new COVID-19 hotspots](#). In other places, migrant workers have not even been allowed to return home, as is the case of more than [1000 Bolivian migrants stranded in the Chilean border](#) due to shutdowns. Yet, the mobility of others – even across fortified borders – is facilitated especially in [agricultural](#) sectors so that harvests do not go to waste even while the workers themselves are fearful of being infected.

The mechanisms of the state to enforce immobility and social distancing have been further empowered, and there are grave concerns about how this will impact in particular racialised communities already targeted by police violence. State enforcement of immobility is not, of course, a new thing. Beyond the unequal forms of privileged im/mobilities that are shaping our daily lives, existing forms of forced immobility in camps, prisons and detention centres across the globe take on a profoundly new violence. With the high risks of infection, the existing crisis of social reproduction within these spaces is amplified and embodied in new ways. Refugees and migrants stranded in refugee camps across Greece or Lebanon as well as in detention centres in the Mexican and US borders have long been living in harmful spaces of containment. Within these spaces, isolation may not be possible due to overcrowded accommodation, and [the risk of an outbreak of the virus is high](#) due to poor sanitation. In these cases, the way to deal with new vulnerabilities that emerge on top of long-standing processes of exclusion, may be to facilitate mobility. Indeed, in highlighting the [structural and daily violence of prisons](#), camps and detention centres, COVID-19 is amplifying existing demands to 'shut them down'. Particularly for spaces of migrants' containment, this is a solution many states are not willing to grant. Even more pernicious however is that, where allowed, mobility or release occur as forced deportations to places people [left fearing persecution](#), where there are fragile health systems, or where it is [difficult to return](#) due to shutdown measures. Within spaces of forced immobility, migrants and refugees are developing [their own strategies](#) to protect themselves despite the restricted conditions. But in some places, the fears of the pandemic are also increasing tensions. In Mexico, for instance, a Guatemalan migrant died, and 14 others were taken to hospital after [a riot broke out in a detention center](#) due to fears of the spread of the coronavirus.



Calls to [release](#) and/or [securely relocate](#) migrants and refugees have increased in the last few weeks.

The transformed privileges of im/mobility as a result of COVID-19 invite us to reflect on who can be im/mobile, in and through which spaces, how im/mobility is currently enforced, and how it is embodied. These scattered reflections are just a starting point for a wider range of conversations that we will be sharing in the new blog series 'Im/mobility in Coronatimes'. During the next few weeks, members of the School of Geography will be sharing our critical analysis and reflections in the hope of making sense of where we are, and shaping what might come.

**Tags:** Im/mobility; Social Reproduction; Care Work; Precarious Work; Forced Immobility; Forced Mobility; Camps, Prisons and Detention Centres; Home; Migration; Migrant Workers; Privilege.

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