

RESEARCH ARTICLE

'Vaccine populism' and migrant assistance: On the contingency of mutual aid in Italy's Alpine region

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Abstract

Prior to COVID-19, migrant journeys through the Mediterranean were often described with reference to the barriers posed within 'fortress Europe' or through registers which centre migrant's adeptness at navigating draconian immigration regimes. Between these two contexts, this paper explores how a public authority lens can assist in understanding the implications of COVID-19 and associated vaccine bureaucracies. We draw on ethnographic research on the Italian-French Alpine border and chart how 'vaccine populism'—perpetuated in nationalist political discourse as well as in the counter-commentaries of resistance offered by solidarity networks—has specific implications for migrants' access to vaccines and health information. We argue that analyses attentive to the subtle nuances of state and local politics provide an important entry point to map multi-scalar power dynamics which accompany universal health policies. Through considering the complex realities relating to Alpine crossings, we advocate from less categorising approaches to vaccinating migrants.

1 | REVISITING COVID-19 MUTUAL ASSISTANCE

Suspicion of real and imagined mobilities was a continual feature of COVID-19. During emergency periods of the pandemic, European nations embarked on profound reconfigurations and extensions of their legal capacities, to restrict movement in the name of public health. The realities of such emergency governance were felt most acutely by minoritised groups, already rendered peripheral to states through limited citizenship rights, particularly those at state borders (Çağlar, 2022). As the crisis rescinds, and the virus itself is characterised as 'endemic', it is important to chart the processes of dispossession and disenfranchisement sanctioned through pandemic policies (Sitrin & Sembrar, 2020).

Against deep contemporary uncertainties wrought by the COVID-19 pandemic across Europe, vaccinations provided a semblance of hope about a return to normalcy. In Italy—following the profound suffering which

characterised the onset of the pandemic—the vaccination campaign has been lauded as widely successful (D'Errigo et al., 2022). Yet, measures of success reliant on reach, disregard the socio-political lives of vaccination campaigns (Storer et al., 2022). Questions remain as to the contemporary and lingering effects of populist approaches to public health which equated getting vaccinated to a moral imperative to protect the nation. During vaccination roll-out, resistance was self-evident across Italy, where anti-vax movements contested aspects of the campaign as representing vehicle of elite control (Rietdijk, 2021). This study responds to a recognition of the need for social science perspectives to investigate the 'unintended' consequences of vaccination campaigns (Dada et al 2020). It turns to their effects at neglected borders.

Specifically, this paper explores the intersection of COVID-19 vaccination with border securitisation and migrant exclusion. We focus on how populist narratives interfaced with activities of health and humanitarian actors. Drawing on ethnographic evidence collected

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in the Susa Valley, Northern Italy (2021–2022), we explore the politics surrounding access to vaccines and health information, among those seeking to cross the border.¹ Here, local solidarity networks emerged as the only social sites equipped to access migrants, and as such the only pathways for vaccine information and provision. We elucidate how public authority provides a useful lens to understand how ethics of solidarity might promote certain forms of migrant protection while restricting the flow of aspects of health information.

We aim to better inform policy approaches based on the delivery of public goods and care through community-based policies often referred to as ‘mutual aid’. A key pan-European trend lauded informal or formal community networks, so these infrastructures could be instrumentalised to support local COVID-19 responses (Fernandes-Jesus et al., 2021). Such policies were particularly popular as a means for policy-makers to reach territorial or social margins, where it was assumed that civil society, local leaders and religious actors were best positioned to reach vulnerable people. Often representatives had to fill in for government provisions, becoming involved in the supply of essential services, health information, food and care. Our contention is that enthusiasm for harnessing local infrastructures may sideline pre-existing politics of solidarity, and relatedly risks championing networks which exist and function out of sentiments shaped through state resistance and decades of austerity in Europe. Adding to the literature on pandemic inequalities, we trace how neoliberal logic have shaped grassroots mutual-aid responses (Shachar, 2020).

This paper begins by outlining relevant aspects of Italy's COVID-19 response. It then describes the research context and methods, before turning to how a public authority lens provided a useful heuristic to make sense of unfolding political realities at the border. Taking the sensibilities of public authority forward, we explore the complex landscape of solidarity which operates along Italy's Alpine border, noting how anti-state histories and struggles for political legitimacy between disparate factions assisting migrants, affected the provision of vaccines and COVID-19 information. We conclude with reflections on how this case can inform public health policies embrace of local dynamics.

2 | VACCINATING MIGRANTS IN ITALY

Italy was one of the first and most affected European countries by the pandemic. As of January 2022 (the time of this study), Italy had reported 144,000 reported Covid-19-related deaths (Worldometer, 2021). The Italian government faced criticism for its early underestimation of the pandemic, and a lax initial approach which locked down only ‘hardest-hit’ municipalities.

Policy recommendations

- Centralised COVID-19 vaccination campaigns may not reach minoritised groups, including undocumented migrants.
- To mitigate these barriers, it is important to develop inclusive digital and physical approaches to administer vaccines. To be truly inclusive, public health directives must consider how migrant health is affected by hardening European border regimes.
- In the context of limited political will to reach migrants, grassroots organisations in Europe provide important welfare and humanitarian services to migrants.
- Grassroots organisations and networks provide a potential source of access and could be harnessed to deliver healthcare to migrants moving across borders. Organisations should be consulted both before and during the rolling out of public health mandates.
- Internal competitions between actors within grassroots initiatives and their own projects of state resistance may affect the ability of medical staff to offer vaccinations to migrants.
- Given the extreme resource limitations that characterise solidarity infrastructures, it is essential that any additional labour or outreach is adequately and consistently funded by the state or international organisations.

Against this backdrop, the discourse around the vaccination campaign, which followed 9-months after the pandemic began, served to reverse popular perceptions of government failure. Tellingly, the slogan of this campaign was ‘L'Italia rinasce con un fiore’ (Italy is reborn with a flower) (AUR, 2021).

As in many European countries, vaccines were distributed through a top-down, centralised campaign, at more than 1500 vaccination sites across the country. Distribution was accompanied by a mass media campaign, which encouraged Italians to accept a vaccine to boost the health of the nation. From June 2021, vaccines were linked to the issuance of a ‘Green Pass’, an immunisation certificate which served as a prerequisite to accessing many forms of transport, hospitality and leisure (DPCM, 2021). Formal and informal employers began to enforce checks to employees (Vallerani et al., 2022).

Legislative shifts proffered significant difficulties for migrants. In the campaign's initial iteration, the distribution of vaccines was reliant on the possession of a National Insurance Number. Undocumented migrants thus found themselves digitally excluded from

accessing a vaccine. Though in September 2021, legislative changes made it possible for undocumented persons to access a vaccine through the 'Straniero temporaneamente presente' (STP) code, this had to be obtained physically.² Rapidly changing legislation created deep uncertainties about vaccine access. Given migrant fears of state authorities, earlier confusions were particularly damaging.

At the supranational level, WHO and EU policy documents have brought attention to the multifarious administrative barriers which prevented undocumented migrants from accessing vaccines (WHO, 2021). Departing from rights-based approaches, policies linked citizenship status to exclusion, and participated in global health scripting of vaccine resisters as 'hesitant'. It was assumed that mistrust of the state equated to vaccine resistance (Armocida et al., 2021). While well-meaning, documents were often grounded in limited empirical evidence and lacked inclusion of migrant perspectives. Policies tended to present migrants as a singular and discrete category, belying the multiple regimes of mobility and intersectional identities which traverse European migrant communities.

Within most migrant policies, COVID-19 vaccines were presented as neutral health interventions. Little attention was given to the nationalistic forces we term 'vaccine populism', whereby scientists and policymakers alike framed vaccine acceptance as a moral duty (Dada et al., 2021). Scientific discourse, which largely dominated the debate in the acute phases of the emergency, largely discussed immunity-based restrictions in terms of their effectiveness, without considering the ethics of such approaches, or their interrelation with anti-state groups whose existence pre-dated the pandemic.

3 | ETHNOGRAPHIC CONTRIBUTIONS

We draw on ethnographic research conducted in Italy's Alpine border zone between December 2021 and February 2022. Research was based in the Susa Valley, in the northern Italian town of Oulx. Our interlocutors originated mostly from Afghanistan or sub-Saharan African countries and had largely reached Italy through Central and Eastern Mediterranean routes. Many had been on trips spanning months and even years.

The public health context which formed the backdrop of research was renewed global fears as to the rapidly spreading omicron variant. At the same time, Italy's vaccination campaign was well underway, with over 80% of the population having received a COVID-19 vaccine. Legislation based on 'Green Pass' certifications had been in force since June 2021. It was widely propagated that undocumented migrants were one of many European minority groups who resisted vaccination.

Inspired by this contemporary context, our research questions initially centred around barriers to vaccination among migrants. To map structural constraints, we embarked on a programme of semi-structured interviews, conversations and observations with people passing through the Rifugio Fraternità Massi, a volunteer-run-assisting migrant attempting to cross the Alpine border into France. Additionally, we conducted interviews with staff, volunteers and medical workers working from and beyond the refuge.

It became clear that suggested assumptions of hesitancy-dominating migrant health policies did not reflect the complexity of migrants' orientations towards vaccines (Storer et al., 2022). Complicating homogenised portrayals of 'hesitant' migrants, we noted trends in orientations towards vaccines.³ We found that for people on the move, understandings of vaccines intersected with factors which characterise the everyday experience of migrant trips, such as a lack of papers, mobility concerns and the threat of 'entrapment' via detection and detention. Green pass immunity passes had introduced new dynamics to people's decision-making.

Our ethnographic research contributed to producing a deeper frame of reference around migrant needs around vaccines. Here, vaccine uptake was not just a simple problem of access, but of recognising the need to map the complex politics which surrounds migrants' need at different junctures of their trips. In the analysis which follows, we trace the complex solidarity infrastructure which provided assistance to migrants. It became clear that this was the only functional network through which migrants could access vaccine-related information, and through which volunteer doctors had to bargain to access people on the move.

4 | THE UTILITY OF A PUBLIC AUTHORITY LENS

A vast and ever-growing geographical has documented the increasing violence of state migration regimes across 'fortress Europe'. Beyond the overt militarisation of geographical frontiers, scholars have noted the proliferation of borders within the state via bureaucratic and policing regimes (Ceccorulli, 2019; Rumford, 2008); the affective nature of borders and the production of fear through clandestine and arbitrary policing of migration (Robins, 2022). The COVID-19 pandemic facilitated the proliferation of novel borders; whereby access to services became contingent on the possession of immunisation certificates, and a new cadre of transport workers, hoteliers and shop workers became potential barriers to onward movement.

At the same time, borders have often become spaces of resistance and struggle against the intensification of state-led security and bureaucratic restrictions. Tazzioli (2020a) describes how the production

of the migrant subject results simultaneously from the proliferation of border controls as well as strategies of resistance from migrants. Between these positions, it is essential to trial frameworks which champion agency while recognising structural constraints and their imprint on everyday migrant realities. Public authority (PA) adds a useful analytical layer to decipher the translation of populist forces through the meshwork of institutions which regulate and reshape border zones.

Firstly, public authority serves as a useful entry point to map institutions from the perspectives and choices made by diverse service users, rather than evoking presumptive hierarchies of state power presented in dominant political science frameworks. Rather than presuming borders to be lawless arenas characterised by arbitrary, absent or violent state authority, the concept provides a window to map the multiplicity of authorities which shape governance at state peripheries. As such, it is open to considering the wealth of mediators and institutions which offer solidarity, support and services to both resident and transient populations.

Secondly—and relatedly—the concept does not presume legitimacy to reside with state actors (Lund, 2006); but neither does it romanticise the absence of the state. If recent shifts towards hybridity are considered in parallel with early conceptions of PA, which emphasise its connection to the Westphalian order and the public performance of state power (Caporaso, 2000), the concept can accommodate state withdrawal/violence as well as the pragmatic arrangements made in its absence. If public authority is read alongside political anthropology which complicates the affective dimensions of state authority and institutions (Abrams, 1988; Das & Poole, 2004), it can provide a mean to understand borderlands as simultaneously shaped by structural forces as well as being generative of responses to violence and neglect.

Thirdly, PA provides a means to understand power politics between local actors vis-à-vis the state and each other. The concept elucidates how actors do not passively accept changing circumstances, but instead challenge and contest the authority of state and non-state actors with local influence (Allen & Kirk, 2021). Lund notes that in contexts of intense institutional competition, the provision of welfare can become actively politicised (2006). Assistance thus emerges not as a service which is delivered—but as an arena where actors compete to advance strategic political and economic interests (Kirk et al., 2021). While the majority of PA scholarship has focused on African borders, such insights are highly pertinent to European settings such as Oulx, where a variety of activists and institutions assist migrants. As we will argue, services are always provided in conversation with these groups' politics, which shapes the potential for particular types of assistance (shelter, advocacy)—while limiting the potential for others (vaccines).

Approaching the diversity of networks in the Susa Valley, we explore how a PA lens can usefully move the analysis beyond empirical mapping, to consider how state abandonment fuels actors' approaches to each other, as well as to migrants.

5 | THE COMPLEX LANDSCAPE OF MIGRANT ASSISTANCE

The Alpine border is a key point in European migratory journeys. Historically, the border in the region of Alpes-Maritimes constituted the main site of passage. This, however, has changed since 2015, when France reintroduced border controls following terroristic attacks in the country. Police presence sharply increased, as did push-backs from Menton, the first train station in French territory. The securitisation of the border had resulted in highly racialised practices targeting people on the move transiting through Italy (Vergnano, 2021). Hundreds of migrants found themselves stuck in the Italian town of Ventimiglia, unable to continue their journeys.

As noted by Shapendonk et al. (2020), migrants exercise a notable degree of agency in planning and continuously adjusting mobility trajectories to geopolitical shifts as well as personal circumstances and preferences. Indeed, faced with increasing push-backs at the Alpine-maritime border, many people chose to reroute their journey by crossing into France further north along the border—first through the Roya valley and then through the Susa Valley and Hautes-Alpes region. Since 2017, the latter has emerged as a particularly relevant alternative to the Ventimiglia-Menton route (Tazzioli, 2020b; Figure 1).

If initially the Alpine crossing was mostly undertaken by migrants originating from sub-Saharan countries, more recently, it is predominantly people who have reached Italy through the Balkan route who travel it (Nolsøe, 2021). The journey is anything but straightforward. People on the move typically reach the small town of Oulx by train from Turin, or elsewhere in Italy. Either by bus or on foot, they then reach Claviere, the last village on the Italian side of the border. From there, migrants start the 18 km hike through high mountain passes and reach the small town of Briançon, 11 km into French territory. The hike, dangerous throughout the year for anyone without in-depth knowledge of the mountain area, is particularly treacherous during winter.

At the same time, the crossing is made challenging by exclusionary governance.⁴ On the Hautes-Alpes, people usually walk the hike at night-time, to avoid violent encounters with French mobile police units, which patrol the trails 24h/day. Border patrols, furthermore, have been equipped with surveillance tools such as drones, routinely used to detect movement on the trails (Vergnano, 2021). Push-backs by the French police are



FIGURE 1 The Italian-French border crossing route. *Source:* Google Earth.

an extremely common occurrence, and most people attempt the crossing several times before being successful; frequently, migrants resort to climbing higher on the mountains to avoid being detected, risking getting lost in the dark in freezing temperatures.

At least 25 people have died during the crossing since late 2016, and several more have been reported missing (Vergnano, 2021). These fatalities sparked outrage in local communities, where historically strong ethics of mountain rescue has shaped attitudes towards clandestine passage (Tazzioli, 2020b). Given the lack of state action towards the issue, and in response to the growing flows of people reaching the Susa Valley on their way to France, a number of grassroots solidarity networks have developed since 2017 on both sides of the Alpine border.

This phenomenon is part of a recent but significant trend. Similar grassroots networks have emerged in several crossing sites across Europe following the 2015 ‘long summer of migration’, becoming established actors in the landscape of pro-migrant assistance (Vergnano, 2021). Ranging from self-organised movements to partially institutionalised groups, these ‘infrastructures of solidarity’ (Schilliger, 2020) situate themselves between the humanitarian and the political (Filippi et al., 2021), and often engage in practices of open contestation of state norms governing citizenship and mobility. These networks provide vital assistance to people on the move, in forms highly tailored to the specific context and type of crossing, while actively denouncing the oppressive nature and violent consequences of European border regimes. Their actions need to be understood less as isolated ‘acts of solidarity’, and more as embedded within wider social movements at the intersection of humanitarianism, active citizenship and political activism (Schwiertz & Schwenken, 2020).

5.1 | The complexity of solidarity infrastructures

The emerging literature on pro-migrant solidarity indicates that solidarity networks are not homogenous, but rather complex webs of actors whose vision emerges from different histories of mobilisation, and who rely on different sets of knowledge and political registers in their operations (Tyszler, 2019). In the Hautes-Alpes Alpine border zone, several different types of actors contribute to assisting migrants.

Safehouses play a key role in the local solidarity infrastructure. At the time of research, only two were fully operational—the Refuge Fraternalità Massi on the Italian side, where the majority of the research informing this article was conducted, and the Refuge Les Terrasses Solidaires in Briançon, on the French side of the border. A third safehouse located in Oulx, called Casa Cantoniera, had been raided and closed by local law enforcement in October 2021 (Palazzo, 2021). These structures rely primarily on volunteers to run their operations and offer assistance in different forms. On the Italian side of the border, for instance safehouses provide migrants with food, hospitality, mountain clothing as well as practical advice on the trails and medical assistance. Volunteers and activists monitor the departure of people from Oulx, liaising with French solidarity networks who cross-check the number of arrivals and that of migrants arrested by police. If someone is missing, local authorities and formal alpine rescue units are mobilised. Volunteers are also involved in various advocacy activities across the region (Vergnano, 2021). Finally, small groups of citizens called ‘maraudeurs’ have mobilised since 2017, rescuing migrants in distress especially during the winter. The legal persecution of solidarity practices at crossing sites has seen a sharp increase in recent years (Fekete, 2018),

and the activities of maraudeurs, which they describe as grounded in pragmatic humanitarianism, are constantly at risk of being criminalised. The entire solidarity infrastructure on the Alpine border zone navigates a complex legal terrain, governed through institutional ambiguities that produce a strategically fragmented political landscape, productive of what Tazzioli (2020a) describes as 'disjointed knowledges'.

Despite being united in the core purpose of offering material and political support to people on the move, and generally sharing imaginaries of borders and migration which are vocally opposed to political discourses championing the securitisation of cross-border mobility, solidarity networks in the valley emerge from different backgrounds and may have more or less definite political affiliations and views on migrants' self-determination. For example, the networks affiliated with Casa Cantoniera, still active in the Valley's solidarity landscape despite the closing of the shelter, claim an explicit anarchist identity and are well known for promoting migrants' self-management; during their stay at Casa Cantoniera, migrants would participate to local assemblies and contribute to running the shelter (Filippi et al., 2021).

The Rifugio Massi, on the other hand, is itself a patchwork of heterogeneous institutional and grass-root identities; while the structure is administered by the local church, hospitality services are provided by paid employees. Meanwhile, individual volunteers and members of several non-governmental organisations (NGOs) manage other activities within the structure. The safehouse Massi has been more cautious in articulating a clear-cut political orientation. Partly, this is because volunteers are wary of the risk of being targeted by the local authorities. 'We always try not to be confrontational with the government', one volunteer explained, 'to avoid being closed by the police, like it happened to Casa Cantoniera. If we close, there will be nowhere else for people to go'.⁵ At the same time, the multiplicity of actors and institutions, which is now part of the structure itself, also makes the definition of a cohesive identity a process of continuous negotiation between the various parties involved.

In this complex social and political arena, differences between inter- and intra-solidarity groups often result in frictions and disagreements on matters of all scales—ranging from everyday pragmatic issues to overarching ideological frameworks shaping civil action. Some of these contradictions emerged prominently during the COVID-19 pandemic, as the political visions and histories of the actors in the local solidarity landscape became entangled with state-driven public health agendas.

5.2 | Pandemic containment

In the European Union alone, first-time asylum applications decreased by over a third during the first

year of the pandemic (Eurostat, 2021). Hyper-mobile groups were understood as particular vehicles of contagion and subjected to increased containment measures, which included migrants being quarantined on ships and buses in Italy, and in refugee camps across Europe and the United Kingdom. Reportedly, the overcrowded conditions of such containment hubs resulted in increased COVID-19 transmission and outbreaks (Tazzioli, 2021).

Limitations during the first wave of the COVID-19 pandemic temporarily halted migratory journeys, but as lockdowns eased, migration resumed worldwide, with sharp increases compared to previous years. Journeys became more treacherous, too. In the first 9 months of 2021 alone, over 2425 migrants died on maritime routes to Europe—an increase of 88% compared to 2020 and 85% compared to 2019 (MDP, 2022).

In the Susa Valley, the reality of migrant passage closely mirrored global mobility trends. While movement was significantly slowed down by the first COVID-19 lockdown in early 2020, it quickly and intensely resumed once restrictions were lifted. The organisation MEDU estimates the passage of 2000 people in both 2019 and 2020, but places the figure of people on the move who transited in Oulx between October and December 2020 at around 4700 (MEDU, 2021). With both Italian and French authorities unwilling to establish COVID-19 services accessible to people on the move, and suited to their mobility needs, solidarity infrastructures had to become public health actors in the Alpine border zone. Thus, safehouses in the Hautes-Alpes became the selected sites for COVID-19 testing and vaccination. During our research, different attitudes towards offering vaccination to people on the move emerged at the Italian and French safehouses. While, at the Oulx safehouse, Italian volunteer doctors understood vaccination primarily as a public health measure, to counter the risk of safehouses becoming COVID-19 contagion hubs, French volunteers at the Briançon shelter framed the issue of access to COVID-19 vaccines and tests as fundamentally linked to migrants' ability to continue their journey.

This last stance stemmed from both ideological and pragmatic considerations; the COVID-19 pandemic added significant obstacles to migrants' mobility. With proof of a negative COVID-19 swab or Green Pass (Pass Sanitaire in France) necessary to access public transportation, many people were rejected at the French border and by French transportation officials for failure to present these documents. Safehouses on both sides of the border soon became overcrowded, exacerbating tensions underlying the precarious relationship between solidarity networks and local governments. For example, in October and November 2021, over 200 people on the move and activists from the Refuge Les Terrasses Solidaires in Briançon had mobilised, protesting the government's delays in providing

COVID-19 tests. As migrants were not able to continue their journey without a negative test result, this had caused the structure, at the time equipped to host 80 people, to host more than 200. The situation was particularly concerning given the soaring in COVID-19 cases worldwide due to the Omicron variant, which had just reached Europe at the time. The safehouse in Briançon had symbolically closed its doors between 24 October and mid-November, amid tense negotiations with the local government (Wallis, 2021).

In Oulx, COVID-19 containment practices (in the form of both swabs and vaccine shots) were taken on by volunteers of the NGO Rainbow for Africa (R4A), which has been involved in providing medical assistance to people in the move in the Susa Valley since 2017 (Tazzioli, 2020b). R4A doctors operate at the Refuge several times a week. As the refuge operates with limited financial resources, their work at the safehouse is voluntary, meaning that their presence cannot be guaranteed. However, their services are essential, as upon reaching Oulx migrants are often in urgent need of medical care (MEDU, 2021). The cabinets in the small room used for medical consultations are stocked with first-aid equipment, antibiotics and painkillers. In late 2021, the NGO had also been able to secure several doses of COVID-19 vaccines. The idea was that the safehouse, a space trusted by people on the move, would constitute the best option to carry out state public health mandates such as vaccination.

5.3 | The vaccination campaign

However, vaccination efforts at the Massi safehouse were not a simple undertaking. Due to the complex political landscape in which solidarity networks in the Susa Valley are embedded, vaccination campaigns assumed a controversial quality, turning into a delicate terrain which volunteers doctors and nurses found challenging to navigate. Our research, and particularly the participant and non-participant observation we undertook during clinical encounters between health professionals and people on the move, reveals that the vaccine uptake at the Massi safehouse was low. Elsewhere we have shown that on the Italian Alpine border, migrants' decisions not to be vaccinated depended on several different factors. Often, people feared side effects of the vaccine would disrupt their journey, while many also feared obtaining a vaccination would lead to detection by authorities and risks of deportation. Furthermore, many migrants had already received a COVID-19 vaccine, but it was not recognised by EU countries (Torre, 2022). Here, however, we reflect on the dynamics that made the provision of COVID-19 vaccines challenging from the perspective of medical professionals. A public authority lens is in this sense particularly helpful, as it allows us to map

the actors involved in the solidarity arena, disaggregating their agendas and discrete political histories, and analysing their implications for public health policies.

Unlike other pro-migrant activist hubs in Italy and elsewhere in Europe, which has often attracted large numbers of foreign volunteers and activists, the solidarity infrastructure in the Susa Valley largely relies on local residents (Filippi et al., 2021). The local dimension of migrant assistance allows us to understand solidarity efforts as deeply interlinked with local legacies of social struggle. Pro-migrant solidarity practices in the valley are inscribed in a long history of active citizenship and social justice movements, which have taken place in the region since the 1970s (Tazzioli, 2020b). In particular, the legacy of the 'NoTav Movement', of which the valley has been the epicentre for three decades, heavily shapes the valley's current solidarity infrastructure. The NoTav movement emerged in the early 1990s to oppose the construction of a 235-km-long, high-speed railway line for the transportation of goods between Turin and Lyon (Armano et al., 2013). The movement is one of the most influential and radical social movements to have emerged in Italy in the last few decades and is still very active today. While the movement began as a grassroots environmental protest group, it soon became an arena for protest against large infrastructure developments as well as a laboratory for critical reflection and discussion of alternative visions of economic and democratic models (Biancalana, 2020).

Since its inception the NoTav movement has attracted people from different social classes and geographical areas (Tazzioli, 2021); however, it has maintained a strong territorial identity (Armano et al., 2013). Many of the inhabitants of the Susa Valley who are actively involved in (or simply support) the NoTav struggle are now part of the solidarity infrastructure assisting people on the move and constitute the majority of volunteers within the Oulx safehouse.⁶ The overlap in social composition between the two movements stems from a strongly heartfelt awareness of social justice struggles among inhabitants of the valley (Filippi et al., 2021). Indeed, volunteers often inscribe their support to migrants (and their opposition to border securitisation and violence) in a long and shared political tradition of active citizenship, mobilisation and solidarity.

As the NoTav movement represents a common (back)ground shared by individual activists in the valley, its deep roots in the valley strongly influence local imaginaries of social justice as well as solidarity practices. This became particularly evident during the pandemic when the fraught relationship with the state that characterises the NoTav movement translated into widespread opposition to state mandated-lockdowns and COVID-19 bureaucracy, particularly against the Green Pass legislation. During the course of our research, it emerged that the anti-state sentiment that permeated many valley inhabitants' opposition to the

Green Pass often resulted in individual choices to not obtain a COVID-19 vaccination.

It is important, however, to highlight that this stance is different from the Italian 'No Vax' movement, which placed doubts about the COVID-19 vaccine's effectiveness at the core of its core arguments (Gobo & Sena, 2022). Rather, non-vaccination in the Susa Valley is to be understood as strictly connected to a profound mistrust towards the state, which inhabitants of the Susa Valley have historically experienced as oppressive, militarised and elitist in its continuous effort to build the high-speed railway which the movement opposed. In an open letter to a local newspaper, for example individual citizens of the Susa Valley articulated concerns that vaccine mandates represented a limitation to personal autonomy similar to the imposition of big infrastructure developments to inhabitants of the area (Valsusa Oggi, 2022). One middle-aged woman volunteer at the Massi safehouse, who had been part of the NoTav movement for most of her life, explained: 'You won't find many vaccinated people around here. We people from the valley, we don't trust the government'. Towards the end of 2021, legislations became stricter, making it mandatory for business owners to have either an immunisation pass or to undertake costly COVID-19 tests every 48 (and later 24) hours to be able to work, and restricting access to public spaces only to the vaccinated. This seemed to have no effect on locals' conviction. As the owner of a local shop told us: 'I don't mind not being able to eat out, or go to the cinema. I am certainly not Rockefeller; we don't make that much money here. Even so, I prefer paying €15 every two days to get my test, rather than letting the government tell me what to do'. Individuals affiliated with the NoTav movement thus perceived COVID-19 bureaucracy as an extension of state-led extractive practices that locals had long and intimately known.

As detailed above, the Oulx safehouse largely depends on the presence and engagement of local volunteers for its daily operations; while external NGOs and volunteers from the urban area are often present, the structure retains a strongly localised dimension. The doors of the Rifugio Massi open at 4 pm every day; migrants who have arrived in Oulx earlier during the day, and have been waiting at the train station or in cafes to avoid the cold, make their way there alone or in groups, and are greeted by the paid employees and any volunteers who may be on the grounds. They are allocated a bed in the shared dormitory, shown the shower and washroom facilities, and offered warm food. Most of them will have left for the border early the following day, after a rushed but efficient distribution of winter clothing managed by local volunteers. In the evening, when a large number of people has usually already arrived at the refuge, volunteer doctors appear in the dormitory. With the help of migrants able to translate from English or French, doctors explain that they provide

free medical consultations and medications, do an initial round to check on the most unwell and wait for patients to reach the consultation room. Over the course of our research, the availability of COVID-19 vaccines was never mentioned in these daily outreach events.

Partly, this seemed to be due to the more urgent nature of other medical needs. Upon reaching Oulx, people on the move often present severe physical problems, such as injuries to limbs due to lack of medical care and overuse during years of dangerous travel. Many also exhibit various manifestations of extreme psychological and physical exhaustion. Additionally, it is important to note that the perception of the risk of contracting COVID-19 among people on the move in Oulx is heavily shaped by their significant concerns about the journey ahead of them, as well as from the dangers which they are fleeing from their country of origin.

However, we propose that another reason which shaped the low demand for COVID-19 vaccines at the safehouse is related to the intricate social and political tapestry of the infrastructure of solidarity at the Alpine border. R4A volunteer doctors and nurses were keenly aware that they were operating within the grounds of a structure which had first emerged from local solidarity efforts. Equally, they acknowledged that their own involvement with people on the move, while semi-regular, could still be considered sporadic compared to local volunteers' daily engagement. Volunteer clinicians were also acutely aware that if people on the move did wish to receive a vaccination, doing so at the safehouse was their best option; due to their quick transit through the country, most migrants were unlikely to have the time to actively seek a vaccination centre before attempting the crossing, let alone the possibility to access to an STP code. Yet, doctors reported feeling conflicted about vocally advertising the availability of COVID-19 vaccination to migrants. Often, they chose to avoid offering the vaccine to groups of migrants in the common areas of the safehouse, preferring instead to ask individuals who had sought a medical consultation whether they would like to be vaccinated. 'It's not easy...we know that the volunteers often are not vaccinated, and we don't want them to think of us as the government', one volunteer doctor commented. In this context, state-led vaccination agendas created tensions amidst actors of solidarity networks which, until that point, shared an essentially identical political project—that of providing vital assistance to people on the move during their journey.

Solidarity infrastructures at the Italian-French Alpine border are crucial and well-established actors in migrants' journeys. They provide vital assistance to people on the move, and their operations save countless lives every year. They also constitute key intermediaries between migrants and states, providing a channel for (sporadic) assistance that governmental and non-governmental institutions provide as well as constituting a platform for local activism to contest

hostile bordering practices. However, understanding them as homogenous social realities would be a gross over-simplification. Rather, a public authority lens allows for an understanding of solidarity networks as complex and multi-layered political entities, whose effectiveness depends on individual actors being able to navigate group identities and fragmentations, ambiguous legal areas and complex geopolitical circumstances.

6 | EMBRACING COMPLEXITY IN PUBLIC HEALTH

Public health approaches to encouraging the uptake of COVID-19 vaccines assumed that COVID-19 constitutes the chief threat to people's existence. In the face of a viral threat perceived as universal, the dominant approach was to linguistically and socio-culturally tailor health information and messages, in order to make messages intelligible to a diverse array of groups. Despite nominally recognising different needs across a population, this logic, underpinned by behavioural economic models of individual choice, has limited the intellectual space to consider *complexity*. Rather, localities appear as sites upon which public health campaigns are imposed and vulnerable groups as subjects who receive interventions. Where involved, local mediators and 'champions' are simply instrumentalised: their politics is rarely considered.

With respect to people on the move, the situation is particularly complex. Approaches which champion the inculturation of public health will continue to be undermined by the limited political will to reach migrants, and the stigma generated through populist vilification of migrants. While numerous policy documents have presented mobile populations as particular risk groups in contracting COVID-19, as well as transmitting the virus, these concerns have not been linked to funding to promote approaches to vaccinate migrants in ways which build trust. In Italy, this response has largely been confined to funding health workers in main cities as well as sporadic vaccination drives at deportation centres and coastal landing sites (Vallerani et al., 2022). At state borders, there has been little attempt to coordinate vaccination for those without citizenship. Instead, grassroots solidarity networks have been selected to undertake the additional tasks of implementing public health measures. These groups have effectively been left to fill in for state provisions.

Yet, as our analysis has shown, in the Susa Valley, COVID-19 public health mandates were introduced in a complex public authority arena. The legacy of local histories of struggle meant that for residents (and solidarity volunteers), state-mandated vaccine provision assumed an oppressive and hostile connotation. As Mitchell and Sparke (2020) note of hotspots across

Europe which are determined by securitised border politics, 'constructions of solidarity show safe space to be at once complex, compromised, and constantly contested' (2020:1046). The relationship that this region and its inhabitants have had with the state over the past three decades cannot be ignored when identifying structures to implement state mandates. Ignoring the history of the valley while at the same time imposing/delegating the vaccine mandate to volunteer doctors in Oulx by virtue of a supposed facility of access risks disrupting the 'social accommodations' vital for these structures to function (Fairhead, 2016).

While realities are specific to each border zone, our analysis highlights the need to consider both the politics of vulnerable groups, but also of the intermediaries who engage with them. We argue that a public authority lens lends itself to an analysis of the actual complexities which frame power contests between and within the actors, institutions and infrastructures which comprise fragile, but functioning, solidarity networks. Politics of the local can be as complex as the national—and discourses of health can be reworked within critiques of state authority in often surprising ways. While anthropological research conducted during the West Africa Ebola epidemic highlighted the tensions linked to local state resistance, such perspectives have been side-lined in relation to European COVID-19 research (Wilkinson et al., 2017). Yet it is through an approach attentive to the multiple layers of power which take shape across border zones, that the politicisation of migrants' quests to access vaccines can be meaningfully understood.

In historical and contemporary times, migrants have often been othered in politicised explanations of disease outbreaks (Dionne & Turkmen, 2020). Through COVID-19, discrimination and racism operated at multiple scales, serving often to further stigmatise groups on the social margins (Bonhomme & Alfaro, 2022). Numerous scholars have highlighted the contradictions in European approaches to containment which produced vulnerability through (for example) differential lockdowns and then blamed oppressed groups for the spread of the virus (Bear et al., 2021). In a similar way, our analysis has highlighted hidden political contradictions and competitions between authorities which prevent migrants from accessing vaccines. If these local politics is occluded from view, space remains open for migrants to be stigmatised for 'non-compliance' to public health. In a similar way, if the political marginality of local networks is not considered, institutions offering essential services to migrants abandoned by the state, appear to obstruct national security.

7 | CONCLUDING REMARKS

The measures associated with COVID-19 were new in scope, yet represented an extension of evolving trends

towards securitising Global Health. Activities at state borders warrant close retrospective analysis. Where politics of citizenship differentiates between rights, public health policies devoid of consideration for socio-economic difference, can have deeply discriminatory effects.

This enquiry has used a public authority framework to bring attention to the politics of vaccinating migrants. By contrast to the language of inclusivity in supranational policy, we argue that structural barriers govern migrant access to health interventions. While connections between migrant exclusion and vaccine 'hesitancy' have been widely noted, we show how anti-state struggles permeate also through networks of assistance and complicate debates about localising top-down public health campaigns.

In drawing attention to the local, we illuminate the need to consider the impact of legacies of populist austerity in Europe. We argue that public authority provides a lens which allows for consideration of how multi-scalar historical and contemporary relations make some forms of assistance highly contingent. Any effort to boost well-being among migrants—through health campaigns or otherwise—must take account of how discriminatory forces emanating far beyond borders, reshape life in these complex spaces.

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DATA AVAILABILITY STATEMENT

Data are available upon request, and after consideration of maintaining participant anonymity.

ENDNOTES

¹ In line with UN definitions, we refer interchangeably to 'undocumented migrants' and 'people on the move'. These terms align our interlocutors with 'migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster'.

² Usually used to access health facilities.

³ For example, members of family groups were more likely to have received a vaccine, whereas solo male travellers reported more frequent resistance to accepting vaccines. The route taken also dictated the ability to access vaccines. Those travelling along the Balkan route, which had often entailed prolonged stops and detention in refugee camps, had often received a vaccine.

⁴ This of course occurs in the global context where the lack of humanitarian corridors and 'legal' pathways to obtain visas criminalise unauthorised migration from countries in the Global South towards Europe.

⁵ Interview with a volunteer at Rifugio Fraternalita' Massi, 5 December 2021.

⁶ A group of NoTav activists and locals also opened another shelter for people on the move, a structure called 'Chez Jesus', located in a church in Claviere. Law enforcement violently raided and closed Chez Jesus in October 2018 (Tazzioli, 2020a).

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