



# COVID-19 vaccines, mobility, and pandemic bureaucracies: Undocumented migrants' perspectives from Italy's Alpine border

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## ABSTRACT

While scholars have noted the deeply unequal effects of the pandemic containment, there has been limited attempt to map the socio-political lives of vaccination policies, particularly from the perspective of undocumented persons moving at state margins. This paper explores how undocumented migrants, who were predominantly male travellers attempting to cross Italy's Alpine borders, encountered Covid-19 vaccines and contemporary legislation. Based on ethnographic observations and qualitative interviews with migrants, doctors, and activists at safehouses both on the Italian and French sides of the Alpine border, we trace how mobility centred decisions to accept or reject vaccines were significantly shaped by exclusionary border regimes. We move beyond the exceptional focus of the Covid-19 pandemic to show how centring visions of health connected to viral risk diverted attention from migrants' wider struggles to move to obtain safety. Ultimately, we argue for a recognition of how health crises are not merely unequally experienced, but may result in the reconfiguration of violent governance practices at state borders.

## 1. Introduction

Throughout the Covid-19 pandemic, migrant priorities have been excluded from policy-making decisions which predominantly prioritised viral, rather than social protection. As the sense of emergency which accompanied the first years of the pandemic rescinds, there is gradual recognition of the profound effects of these so-called 'blind-spots' in national policymaking (Capano et al., 2020). Among European migrant communities, significant research has now highlighted the inequalities which pervaded risk of contracting and dying from Covid-19 (Fiorini et al., 2020; Franchi and Gili, 2020); the socio-economic suffering which resulted from pandemic politics (Burström and Tao, 2020), as well as blame for the virus which were released at migrant communities (Bozorgmehr et al., 2020; Trilling, 2020). Yet, despite this reflexivity around lockdowns and movement restrictions, there has been little effort to understand the socio-political lives of Covid-19 vaccines and their associated legislation.

In Italy, the first European country to be heavily hit by Covid-19, the vaccination campaign was presented by politicians as a success-story, a powerful vehicle for national recovery, following the widespread socio-economic and psychosocial suffering which characterised the early part of the pandemic (Masiero et al., 2020). In political discourse, choices to

be vaccinated were framed as individual decisions which should be enacted to protect the health of the nation. Within these nationalistic frames, public health scholars have noted that the tendency to distinguish between vaccinated and unvaccinated members of the population, risking stigmatising those who reject vaccines (Häkli, 2021; *The Lancet Regional Health*, 2022). Indeed, bureaucratic instruments to regulate vaccination status have been often presented as worthy of the temporary suspension of rights of non-compliant persons, namely through the introduction of vaccine certificates as prerequisites for participation in various forms of social life (de Miguel Beriain and Rueda, 2020; Savulescu, 2021). The pandemic was a moment of ethical suspension, and such measures were often applied uncritically. Subsequently, their implications for marginalised groups have hardly been considered in efforts to gather learning for future pandemic preparedness. As such, the multiple structural exclusions which prevented non-Italian citizens from accessing vaccines have remained largely unassessed (Storer et al., 2022).

In this paper we explore how 'people on the move', often as part of long migrant trips across Europe, experienced vaccination. As per the United Nations definition, we define people on the move as: "migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as

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well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster, whether within their own countries — internally displaced persons (IDPs) — or across international borders — refugees and asylum-seekers” (United Nations 2020:2). We draw on ethnographic research conducted along the Italian-French Alpine border, with migrants seeking to move out of Italy, who were lacking formal citizenship or refugee status within the country. We focus particularly on the experiences of male travellers, noting how border dynamics interact with class, gender, and race-based inequalities.

This study reveals that, given the mobility of this diverse group, migrants accepted or rejected a vaccine according to its perceived effects on facilitating or delaying movement. Furthermore, given contemporary regimes of vaccine regulation applied in the context of extended state power to regulate individual’s immunity along this Alpine border, we find that vaccines were understood by people on the move as a mode of governance, rather than a health intervention. In the case of undocumented migrants, we find that vaccination, following from lockdowns, restrictions and given the occlusions in national campaigns, has provided further occasion to deny movement, effectively coming to constitute an additional bordering practice. People on the move widely perceived vaccine regulation to compound the states of ‘liminality’ which characterise everyday life (Genova et al., 2020; Rinelli, 2020). We seek to advance discussions which have foregrounded the unequal effects of the Covid-19 restrictions, to argue for how inequalities are exacerbated, experienced, and negotiated in crisis contexts. As such, we show how the status of minoritized groups may be entrenched at state borders, in the wake of increasingly stringent, and sometimes violent, borderland governance.

This paper begins with an exploration of the Covid-19 pandemic’s impact on border policing and mobility control. We then describe our ethnographic data; foregrounding our interlocutors’ agential calculations and aspirations to move, we chart how people have navigated pandemic policies to pursue often treacherous journeys. In particular, we reflect on the role that borders - and oppressive politics of border control adopted by European states - play in shaping the response of undocumented migrants, and of young men in particular, to public health policies. Describing these encounters in conversation with the geographical literature on border-making, we argue for an appreciation of how pandemic policies have reproduced the processes of disenfranchisement, oppression, and resistance, within spaces labeled the ‘margins of the state’ (Das and Poole, 2004).

## 2. Pandemic bureaucracies: migrants’ experiences of Covid-19 vaccination

A growing body of literature has shown how the conditions of emergency which characterised the Covid-19 pandemic provided an opportunity for states to expand and tighten bordering mechanisms (Casaglia, 2021; Boucher et al., 2021). Throughout the pandemic, the right to mobility emerged as one of the main and deepest social divides, with the possibility of safe movement becoming intrinsically linked to class (Tazzioli, 2020b). With borders and bordering practices being sharpened, therefore, the question of who can move, where and with what level of ease became firmly entrenched with racialised and class-based factors.

Aradau and Tazzioli describe pandemic measures, from quarantine and self-isolation to travel restrictions, as configurations which exist along a ‘confinement continuum’ (Aradau and Tazzioli, 2020:3). Restrictions particularly affected populations whose mobility elicited suspicion, such as undocumented migrants and people on the move (Tazzioli, 2021). In portraying mobility and as a dangerous and suspicious activity, the Covid-19 pandemic fundamentally reinforced xenophobic policy and mainstream discourses around undocumented migrants (Cresswell, 2021; Macklin, 2022). The beginning of the pandemic saw the spread of port and border closures in the name of ‘health nationalisms’ (Tazzioli, 2021), the logic behind which was that

the limitation of mobility was essential to ensure the health and well-being of citizens. This constructed people on the move as a public health threat in terms of transmission of Covid-19, and in several countries led to the forceful containment of migrants in ‘hotspots’. Similarly to what Guild and colleagues (2016) noted in relation to the reinstatement of Schengen border controls, these measures were put in place despite the lack of evidence proving migrants’ movement or presence posed a health risk. Rather, when outbreaks of Covid-19 did take place, they often originated in detention centres, and were due to the overcrowded conditions of these hubs (Hargreaves et al., 2021).

Covid-19 vaccines have played an important role in reinforcing geographies of power and technologies of border-making throughout the pandemic, overwhelmingly affecting people on the move. While undocumented migrants and people on the move were largely left out of early pandemic policymaking, recent supranational policy documents have expressed concern about the exceptional and heightened vulnerability of migrants in relation to Covid-19 (IOM, 2021; WHO, 2021). Policy documents rightly recognise that the same factors which link mobile populations to transmission of Covid-19, also simultaneously make these groups and individuals hard to reach through state-led vaccination campaigns.

Throughout the pandemic, and particularly in the aftermath of the first lockdowns, Italy has remained a vital and well-known point of passage for increasing flows of undocumented migrants on their journeys to various countries in the European Union (OECD, 2020). Despite flows and movement being a widely acknowledged reality in the country, migrants were structurally excluded from vaccination for the main part of the immunization campaign. In their very design, immunization campaigns initially relied on citizenship or secure migration status. Until September 2021, accessing a Covid-19 vaccination in Italy relied on a possession of a National Insurance Number, automatically excluding undocumented individuals from obtaining a vaccine. Whilst more recently, vaccination has been made available to those with an ‘STP - Straniero temporaneamente presente’ (Temporarily resident foreigner) code, obtaining this code usually involves a lengthy bureaucratic process (Vallerani et al., 2022). The needs of those transiting through Italy were not inbuilt into unfolding iterations of Italy’s vaccination campaign (Page et al., 2022).

The lack of state provision to provide and inform about vaccines was compounded by the extremely limited nongovernmental and civil society infrastructure involved in vaccination. In urban areas and humanitarian settings, a patchwork of NGOs attempted to fill the void left by state inaction, operating to improve access to Covid-19 services and vaccination for settled migrants living in Rome and Lombardy (Vallerani et al., 2022) However, this was not the case for mobile groups. Along the Italian/ French border, assistance to people on the move is outsourced to networks of local volunteers and a few non-governmental organizations (Storer and Torre, 2023). These poorly funded networks include only a small number of health professionals, who are generally already overwhelmed tending to the urgent, and often journey-related, medical needs of migrants. Such resources were far from sufficient to coordinate an extended public health effort such as a vaccination campaign (Torre, 2022).

Whilst the limited assistance to migrants posed a problem in terms of meeting the immunization needs of migrant populations, it is important to note that, in particular during the Covid-19 Omicron wave in late 2021 and early 2022, Covid-19 vaccination carried a particular significance beyond being a public health risk. From mid-2021, many European countries tied the right to work, participation in public spaces and, crucially, mobility, to the possession of a Covid-19 immunity pass. In Italy, these measures were in place from July 2021 to June 2022. The immunity pass came in the form of a digital certificate – known as Green Pass – which could be obtained by showing either: proof of at least two doses of a recognised Covid-19 vaccination; proof of recovery from Covid-19 infection; or a negative result from recent Covid-19 test. The Green Pass was necessary to access buses, trains, and other forms of

public transport, and transport authorities across the country were instructed to deny boarding to anyone who could not produce one. Covid-19 tests cost a minimum of €15 at pharmacies, and accessing them was financially taxing for migrants. The lack of easy, quick, and affordable access to Covid-19 vaccination posed ulterior obstacles to people's movement. Further confusion was produced since, between the period of operation, Green Pass regulations were constantly changing. For example, between 6th December 2021 and 1st April 2022 a 'Super Green Pass' was introduced which further restricted access to transportation to those with proof of vaccination or recovery from Covid-19 (Vallerani et al., 2022).

In this landscape, for undocumented migrants, vaccines came to constitute additional bureaucratic hurdles to be navigated, rather than public health measures. Tuckett (2015) shows how the imposition of bureaucracy on migrants represents a key strategy for states to produce insecurity. As Bonizzoni and Dotsey (2021) argue, the pandemic provided a means for the state to regulate access to welfare for undocumented people, suspending asylum applications and keeping migrants in a state of liminality. As with movement restrictions and the closure of state facilities, vaccines were understood as presenting similar bureaucratic obstacles which sought to regulate, rather than protect migrants. In essence, vaccines can only be understood through emplacing their administration within wider structures which, strengthened and emboldened by the pandemic, aim to contain, delay, and remove migrants from European states.

In the following sections, we show how political strategies of invisibilization interacted with forms of violence and political oppression inextricably linked to border management, and how often these shaped undocumented migrants' understandings and perspectives on engagement with Covid-19 vaccination.

### 3. Methods

#### 3.1. The context

We draw specifically on ethnographic evidence collected with border-crossing migrants in Italy. Italy hosts an estimated 500,000–700,000 undocumented migrants (Fondazione ISMU, 2021), yet many consider it a transit destination to reach other European countries.

The border crossing between Italy and France represents one of the most treacherous points of migrant journeys across Europe. Following France's suspension of Schengen agreements in 2015, the French-Italian border has become heavily policed, especially around the coastal crossing points near Ventimiglia. It is in this context that, since 2016, migrants have re-routed their trip across the Alps to elude police controls (Tazzioli, 2020b). The high mountains and the extreme winter weather conditions make the journey a dangerous and potentially deadly one, especially during winter. In addition, repeated pushbacks by the French police mean that people frequently attempt the crossing several times (Bachelier, 2020; Carretero, 2022).

Since late 2021, buses to Claviere, the town nearest the border, have been significantly reduced since drivers themselves lacked Covid-19 certification. Frequently, this means that migrants must walk an additional thirty-four kilometres to the border, followed by eleven kilometres on the French-side reach the next safehouse in Briançon. The journey is estimated to take twelve hours or longer, heavily depending on weather conditions and police presence. Over the years, several people have died during the crossing. The outrage that has followed such incidents has resulted in the emergence of extended networks of cross-border solidarity.

The landscape of solidarity efforts within the region is subject to frequent changes, but generally includes: safehouses (which rely both on volunteer efforts and on various sources of public and private funding); informal groups and/or networks of activist individuals; and discrete mobilizations of groups of citizens called 'maraudeurs', who often

rescue migrants in distress on the mountains (Storer and Torre, 2023; Vergnano, 2020)

#### 3.2. The data

This research was conducted predominantly within the town of Oulx, with the focal point being the Rifugio Fraternalità Massi, a well-known safehouse and one of the main referral points for migrants crossing the border. It is a key stop to receive food, shelter, clothing, and medical assistance in preparation for the crossing. Our evidence consists specifically of interviews and observations with undocumented migrants in Oulx, along with civil society representatives and health workers throughout December 2021.

Reflecting changing patterns of conflict and movement, the age and origin country of research participants varied significantly. Participants originated from Afghanistan, Iran, Iraq, Kurdistan, Morocco, Algeria, Senegal, Ivory Coast, Cameroon, Guinea, and Sierra Leone. Many were travelling alone or with friends they met along the journey, although we encountered several family groups ranging from three to eleven individuals, including children and infants born along the route.

The vast majority had reached Italy through the Eastern or Central Mediterranean migratory routes, and a few had reached Europe through the Western Mediterranean one. While all the research participants in this study were in the midst of their journey to their desired country of arrival in Europe, at the time of research they had been travelling for varying amounts of time, ranging from forty-five days to several years. Some had been residing in Italy for some time before undertaking their journey.

Our epistemological and ethical approach was entirely developed in conversation with the immediate needs of our interlocutors. Upon arriving in Oulx, migrants stay in safehouses for brief periods, and generally, people are not interested in stopping for longer than the time necessary to prepare for the journey ahead. Because of resource limitations, at the time of research the Massi safehouse opened its doors at 4pm and only offered overnight shelter, with rare exceptions. The research team spent time at the Massi safehouse every day during the research period. Mornings and afternoons were devoted to participation in – and observation of – volunteer activities at the Refuge, during which time conversations and interviews with volunteers took place. Longer, open-ended interviews were conducted during the day with migrants who were spending longer than just one night at the safehouse; this was often due to medical reasons, or to the presence of family groups travelling with young children. Our data was largely based on extended conversations with migrants during free moments in the evenings, including meals and whilst waiting for medical and other forms of assistance.

Consent was obtained, both from migrants and volunteer doctors, for the research team to conduct non-participant observation during medical encounters which took place in the evenings; during clinical encounters, researchers asked sporadic questions, albeit prioritising the smooth provision of medical assistance. Conversations and interviews took place in Italian, French, and English. Where research participants spoke none of these languages, encrypted online translation softwares were used to facilitate conversations.

Several strategies were adopted to ensure confidentiality. While most conversations happened in communal and informal settings during the evenings, longer interviews took place in more private rooms of the safehouse, during daytime hours when the structure was mostly empty. All research participants, ranging from migrants, to clinicians, volunteers, and safehouse staff, were always informed of the voluntary nature of participation in our project, and assured that they could retract their consent at any point. In particular, undocumented migrants were aware that the data would be fully anonymised, and that conversations were not recorded.

Our data was analyzed through a process of inductive analysis that began during the research period itself. The findings that emerged were

entirely generated through exchanges with migrants and volunteers. The choice of this approach was rooted in an effort to centre research participants' lived experiences, avoiding attempts to fit data with pre-conceived notions of migrants' identities, histories, and understandings of public health measures.

Our prerogative not to interfere with migrants' journeys and their immediate needs upon their arrival in Oulx constitutes an ethical strength of this project. However, it also represents a limitation, as our data from migrant interactions emerges from short interactions, without the usual time afforded to ethnographer to collect in-depth data about people's migratory journeys and personal histories. Yet, on account of their hyper-mobility, the migrants within this study could only be reached through this approach, and via a research process ethically engaged in one of the only institutions (the safehouse) where people on the move made themselves visible to assistance.

### 3.3. Prioritising migrants' lived experiences

In embarking on our ethnographic approach, we sought to understand Covid-19 vaccines according to the perspective of migrants themselves, thus centring migrants' gaze and lived experiences. Methodologically, we located our approach within recent calls from Critical Medical Anthropologists, to trace structural factors which interface within individual decisions (Ungruhe, 2020; Gamlin et al., 2021).

Rather than asking about directly about Covid-19 and/or vaccinations, we charted how these concerns organically emerged in exchanges. Continually, we were drawn into conversations where Covid-19 was discussed within a continuum of barriers and obstacles which had been experienced along long trips. Quickly, we found it necessary to eschew ideas simplistic policy vernaculars including 'hesitancy'. From the ground up, we began to appreciate the transnational repertoire – and imperatives to move – which directly related to understandings of vaccines. Ultimately, conversations shifted away from managing viral risk – towards encounters which foregrounded a range of protection and governance regimes.

Since the majority of our interlocutors were young male migrants, a concurrent theme in our data was the intersection of border control, mobility, and masculinities. While migrants' identities are informed by a multiplicity of hegemonic masculinities, we found that the journey, and border-zones in particular, bring out themes of strength, responsibility, and reliance which cut across cultural idioms of masculinity and manhood.

In focusing on migrants, we seek not to exceptionalise displacement, noting that, as an albeit uneasily conflated group, people on the move have been otherised in national policy under the pandemic emergency (Cabot and Ramsay, 2021). We sought to reverse this bias through highlighting the racialised and class-based dynamics underlying new exclusions on the one hand, and the repertoires of resistance and survival with which migrants employ in response, on the other.

## 4. Results

### 4.1. Pragmatic decisions: prioritising mobility

When lockdown restrictions were relaxed in the subsequent phases of the emergency, and especially with the start of the wide rollout of the vaccination campaign in early 2021, stigmatising narratives around undocumented migrants and people on the move continued, this time portraying them as 'vaccine hesitant' and 'hard to reach' by health services. The same language has often been maintained by research that has sought to understand the motivations behind the alleged 'hesitancy' of minority groups.

Our research points to the need of rethinking assumptions of migrants' 'hesitancy' around vaccines, highlighting the inevitable and deep intersections of global health agendas and oppressive border politics, which overwhelmingly affect people on the move transiting

through Italy. Migration trajectories are fraught with violent experiences and interactions. The hardships linked to the migration process, we argue, play a fundamental role in shaping undocumented migrants' response to, and understandings of, vaccine mandates.

A first element to note is that, in contrast with assumptions that people on the move are mostly unvaccinated, many of our informants who were passing through the safehouse in Oulx prior to crossing the Alpine border had received at least one dose of vaccination during their journey. Accepting a vaccine did not necessarily mean that people trusted the healthcare system. In some cases, people reported having felt coerced to do so by state and immigration authorities. Explaining how he had come to be vaccinated, a Senegalese man lifted his hands in a sign of helplessness and explained:

"I got it because the police told me to. I have no power; the government has power."

He was travelling with a young Cameroonian man, who nodded in agreement and added:

"There is no choice. At the reception centre they told me I had to do it. What was I supposed to do?"

However, for many accepting a vaccine had reportedly been a voluntary choice. Often, vaccination uptake amongst research participants seemed to be related to the length of the journey, and especially to the amount of time people had spent in refugee camps. This was especially the case for people who had reached Italy through the Eastern Mediterranean route, and who had been travelling for several months or years. For example, many migrants who had spent prolonged periods of time in refugee camps in Turkey, Greece, and/or Bosnia reported having received at least one dose of the vaccine. It should also be noted, however, that because of the wide inequality in vaccination doses secured by countries worldwide (Yamey et al., 2022), countries along the Balkan route had a much higher availability of Covid-19 vaccines than those on the African continent, through which migrants originating from the Central Mediterranean route had transited.

The first point that this article puts forward relates to the motivations underlying undocumented migrants' choices around whether to accept or refuse a Covid-19 vaccine.

The crucial importance for individuals, families and other groups of migrants of being able to transit through Italy undetected cannot be overstated. For our informants, the most common destinations were Germany, France, and the United Kingdom. None of our informants considered applying for asylum in Italy a viable option. In the words of a young man who had been residing in the country for several months before deciding to attempt to move:

"The economy is too bad to stay".

Focused on onward mobility, our informants sought to avoid interactions with police not just for fear of violence, but also out of concern for the constraints of the Dublin Regulation, and worried that being fingerprinted in Italy may pose further obstacles to their journey.

The imperative to prioritise continued mobility is also as a function of the temporal, emotional, and economic cost of migratory journeys. Many who migrate have done so after witnessing or experiencing violent conflicts, political oppression, and persecution. While our informants were clearly aware of the dangers related to contracting the Covid-19 virus, these risks were overshadowed by threats to physical safety often experienced both in the country of origin and along the migratory journey. For example, when asked if Covid-19 had created problems in their home country, a group of young Afghan men laughed and commented:

"Only the Taliban are a big problem in Afghanistan".

One of them added:

“I had two cousins in the army, they were twenty and twenty-two years old. The Taliban killed both of them”.

The same group then engaged in worried discussion of a recent tragic incident in which twenty-seven asylum seekers had drowned in an attempt to reach the United Kingdom (see e.g., [de Clercq and Melander, 2021](#)). The Central and Eastern Mediterranean routes are amongst the deadliest in the world, with over 20,000 recorded deaths at sea since 2014 ([Missing Migrants Project, 2021](#)). Furthermore, migration journeys are subject to frequent fragmentation due to hostile border policies. Prolonged periods of waiting and containment in detention centres and refugee camps delay journeys, sometimes indefinitely ([Reinisch, 2015](#); [Brigden and Mainwaring, 2016](#)).

In addition, the cost of migration to Europe has been exponentially increasing since the closure of the Balkan route in 2016 ([Mandic, 2017](#)). Research participants reported spending up to £10,000 per person to reach Italy. One Iranian man trying to reach his family in the UK explained:

“My journey up to here cost a lot of money. I paid someone €5000 [£4397] to take me under a truck from Iran to Turkey. The first time we were caught, so I had to pay again. My father sold his house so I could come.”

Families often get into debt in order to afford the journey and may spend many years trying to extinguish it ([Kastner, 2010](#)). In the words of a volunteer doctor operating at the safehouse in Oulx:

“People spend the rest of their lives paying back that money. It’s like a mortgage. For life, on their lives”.

Understanding the factors that make onward mobility a priority for undocumented migrants is essential, since this prerogative heavily informs migrants’ perceptions and decisions making processes regarding Covid-19 vaccines. Whether people on the move had accepted or refused a vaccine, we found that this distinction had less to do with dimensions of trust towards state and health authorities, and more with different ways in which people chose to protect their ability to continue their journeys. In the next section, we analyse the mobility-centred decision-making processes of people on the move who made different choices with regards to vaccination.

#### 4.2. Accepting vaccines to avoid police violence

With immunity passes arising across Europe as essential documents to ensure the right to mobility, many vaccinated research participants reported accepting a vaccine hoping to facilitate their journeys, to avoid issues with police and border authorities. Indeed, several people reported incidents in which, during an attempt to cross a border, border police destroyed their vaccine certificates, with the clear intent to discourage people from continuing their journey. In some cases, this was accompanied by acts of brutality such as intimidation and physical violence. As one Kurdish man recounted:

“When I arrived at the border with Croatia, the Croatian police beat me heavily in the back with the end of their guns. They asked me for papers, and they ripped my vaccination certificate to shreds... luckily I had taken a picture of it.”

Incidents of this kind clearly illustrate how health bureaucracy related to Covid-19 is often actively mobilised by States, to sharpen border control practices. Social and health workers within solidarity networks on both sides of the Alpine border also reported instances in which migrants who were travelling by bus (thus minimising risks to their own lives compared to people who crossed the border by foot), despite being in possession of valid documentation to travel from Italy to France, had been pushed back at the border by French police, on the grounds that the Covid-19 documentation that they were carrying was not considered valid under France’s laws (e.g., having performed an

antigen test instead of a PCR test). In the words of one of the workers:

“It [the Covid-19 certificate] has just become yet another excuse for police to stop people. Even if they have all the papers, they will say that the test they have is not valid, or the vaccine is not the right one, and use that. And if the Covid-19 documents are fine, then they will again fall back on their papers.”

Another volunteer, who has been an active participant in solidarity activities in the region for several years, commented:

“Winter is always a problem, sure, but at least we are prepared for that. But this thing is worrying; first the buses [to the border] became less and less frequent, now this Green Pass thing...how many obstacles will be added? It all feels like new ways of not letting people pass or making it more difficult for them. But people do pass at the end; almost everybody does.”

People on the move transiting through the safehouse in Oulx were deeply aware of the instrumentalization of vaccines as hostile border practices. Faced with the possibility that the lack of vaccination certificates may cause additional problems, Covid-19 vaccines and the relative documentation were therefore understood as a possible aid to the migratory journey.

One Afghan man, who was travelling with his wife and their six children, three of them born in a refugee camp in Greece where the family had spent three years, offered to show a plastic envelope he kept in his jacket. Inside, wrapped with great care, were the Covid-19 vaccine certificates of all the family members old enough to have received one, alongside his children’s birth certificates and other essential documents. He explained:

“I have got everything here, if they stop us I can show them. [...] In Greece we were told that we had to have them [the vaccine certificates] to continue the journey”.

Another young migrant similarly recounted:

“For me, I got the vaccine in Greece, because I thought that if the police ask for the vaccine certificate, at least I will have no problem.”

Furthermore, our informants often conflated health workers with state officials and border police, on the grounds that all were potential obstacles to movement. Most migrants were aware that, had they tested positive for Covid-19, they would be forced to quarantine.

These decision-making processes need to be understood as a by-product of many migrants’ experiences of interacting with law enforcement, and especially border authorities. By the time they reach Oulx, people on the move have usually crossed several borders, and have had multiple encounters with police and border authorities. From many people’s accounts, these interactions frequently involve various forms of intimidation. Especially in cases of rejection at a border, verbal and physical abuse, sexual harassment, and other human rights violations inflicted by border authorities are a common occurrence, with well documented instances of torture in Libya, Turkey, Bosnia, and Croatia ([Human Rights Watch, 2022](#); [Arsenijević et al., 2017](#)). These encounters heavily inform people on the move’s decisions regarding vaccination, leading to many accepting one in hopes that it may offer protection against police hostility and violence. Health concerns, on the other hand, were rarely mentioned as a reason for obtaining the Covid-19 vaccine.

All of these factors participate in framing understandings of the relevance of Covid-19 infection and vaccination with respect to mobility needs. The conditions of deep uncertainty that people on the move are fleeing and enduring during their journeys pose therefore onward mobility at the very centre of their priorities, fundamentally structuring people on the move’s engagement with vaccination and public health policy during transit.

#### 4.3. Refusing a vaccine: the interaction of 'side' effects and oppressive border politics

In line with what the academic and policy literature has often observed, we found that many undocumented migrants in Oulx had refused a Covid-19 vaccine. The majority of people on the move in Oulx who had not received any dose of Covid-19 vaccination, explained this decision as reflecting pragmatic priorities to complete the journey. As noted above, our informants' personal histories, experiences, and understandings of Covid-19 vaccination varied greatly. However, we found that people on the move who refused a vaccination often did so fearing well-known systemic side-effects linked to Covid-19 vaccines, including tiredness, headache, fever and muscle ache, and generalised physical weakness (Menni et al., 2021). These side-effects, described as 'mild' by the medical literature, are a frequent occurrence and generally are not considered to pose a significant health risk (Sprent and King, 2021). We suggest, however, that the significance of these side-effects in our informants' 'lifeworlds' needs to be understood through bottom-up, power-informed, and intersectional considerations. These particular fears that led to vaccine disengagement, we argue, are a product of the oppressive social circumstances due to the global migration regime that our informants had to navigate.

Even when our interlocutors did not know the exact road to take across the mountains, they were acutely aware that the Alpine border crossing is a demanding and potentially dangerous endeavour. In this context, concerns around physical fitness become central to people's decision-making processes about avoiding vaccination at this stage of the trip. Migrants were both tired, and reliant on their own resources to complete the journey.

Upon reaching Italy, following many months of travel, people often present with symptoms of extreme physical weariness, including repeated infections, skin conditions, as well as injuries to legs and feet. Doctors operating within the safehouse in Oulx noted that physical injuries were often coupled with, and compounded by, profound psychological exhaustion resulting from the stress of navigating dangerous travels, and experiences of trauma, torture, and abuse at the hands of police and border authorities. People on the move are also unlikely to have been able to access adequate healthcare during the journey, and often present several comorbidities. These factors increase therefore people's fears of exposing themselves to additional physical vulnerability, such as the side-effects of the Covid-19 vaccines.

'Side-effects' of vaccines, therefore, were anything but marginal for our interlocutors, and were understood as potentially disruptive of an already challenging journey. It was often thought that accepting a vaccine could hinder onward progress, because of the symptoms instigated through the immune response to the vaccine. As an Iraqi man commented:

"People are worried that if they get sick [because of the vaccine], they will have to stop the trip. What if I get a fever? Then I will have to stop and rest."

The threat of physical illness, weakness, or discomfort in the aftermath of vaccination was especially relevant considering the physical demands of the Alpine crossing. These concerns were particularly prevalent amongst young migrant men, and emerged as the main reason why Covid-19 vaccination was rejected. One young Afghan man, travelling with a group of peers he had recently met explained:

"I don't want to take the vaccine now, because I have to pass the mountains tomorrow and I cannot be weak when I go."

The gendered dimension of this threat to physical strength appears particularly evident in rumoured threats of Covid-19 vaccines to masculinity. One young Kurdish man explained:

"I heard that it [the vaccine] can make you weak, and that if you are a man and take the vaccine, it can do something to you – you can become not a man...like a shemale."

Concerns about weakness were also linked to pressure placed on men, owing to familial expectations that their journeys would lead to financial remittances. A Sierra Leonian man whose family had pulled together resources to finance his trip, in hopes he would get a job and send money home, recounted:

"I got a phone call last week from my mother. She told me that my father died of Covid-19. I am the first son. Now I have to be the man of the family and support my five sisters and one brother to go to school, because for us in Africa when you are the first son you have to support...there's your father and then there's you."

He continued to explain why he could not afford to accept a vaccination and risk compromising his physical strength, and therefore his journey:

"For me, I am not interested in the vaccine here, because I have heard that afterwards you will be weak. Now I can't, maybe when I arrive to France and rest."

In the violence of the global migration regime, which makes dangerous (and often lethal) border crossings the only viable pathway to migrants' safety, notions of mobility, masculinity, and physical strength are conflated and indistinguishable; a threat to one of these dimensions carries the potential to jeopardise all of them.

## 5. Discussion

The results of this study speak to several different features of the Italian state's pandemic containment measures, and in particular to the intersection of the latter with migrants' experiences of Covid-19 vaccines at the Alpine borderzone.

A first point to note is that, during this research, fundamental barriers emerged for people to access vaccines. We find therefore an important dissonance between supranational policies, vocal in recognising migrants' rights, and the everyday realities of vaccine administration. As we have shown, vaccines were often understood as obstacles to movement, or as perceived tools of state surveillance and/or violence. Arguably, this reflects a response to a public health strategy which has excluded migrant needs (Milan et al., 2020), as strict state hygienic-sanitary mandates clashed with the lack of infrastructure allowing people on the move to access healthcare. This contrast highlights a fundamental ambiguity, which often underpins the governance of mobility at borderzones, where the presence of strict legislative requirements is not mirrored by actual efforts to respond to migrants' needs. Tazzioli has noted the strategic nature of such (lack of) governance at the Alpine border, which she characterises as 'obfuscated visibility', arguing that this allows for "the partial (but never total) invisibilization of migrants' presence and, together, for the uneven visibility in state's activities for detecting migrants and for not losing track of them" (Tazzioli, 2020a:2). Simply put, the establishment of public health infrastructures tailored to the needs of people on the move would entail the Italian state's uncomfortable recognition of continuous passage through the Hautes-Alpes, as well as admission of legal responsibility for migrants who are reported missing, injured, or dead during the crossing. The partial invisibilization of this phenomenon, on the other hand, allows for avoiding accountability for violating migrants' human rights.

Engaging with complex empirical realities of 'borderwork' (Rumford, 2008), scholars have noted the discriminatory effects of the hardening of European borders. As Casas-Cortes and colleagues (2015) note, border are sites generative of politico-economic impacts far beyond their spatial limits. As such, rich literature has investigated borders as productive of pervasive dynamics of power and oppression,

specific to the local context in which they are situated but always profoundly gendered and racialised (Aradau and Tazzioli, 2020; Davies et al., 2017; Topak, 2014). Long before Covid-19, an ‘anxious politics of strangers’ had emerged as deeply rooted within political imaginations of migration across contemporary Europe (Modest and Koning, 2016:97). Across ‘Fortress Europe’, a meshwork of national policies sought to harden borders, and police the internal movement of migrants, creating ‘spaces of entrapment’ which become both entrenched at borders, and ‘generalised throughout society’ (Kapsalis et al., 2020:2; Rumford, 2008:1; Papada et al., 2020). The evolution of such strategies is clearly visible in policing strategies along the Italian-French border, where Covid-19 interfaced with patterns of differential permissiveness and anti-migrant pushbacks, enforced in the countries’ increasingly xenophobic political climate.

In a similar way, we find that migrants carry with them effects and fears of border surveillance along long migrant trips. In focusing on migrant navigation, we dialogue with scholars who have noted how harsh border regimes – including border controls, visa regimes and immigration raids - have been continually transgressed and resisted by migrants. Focusing on the processes of mobility against a geo-political backdrop which presents continual obstacles to movement, scholars have both recognised how structural violence enacts itself on migrant bodies, and highlighted the agency which allows migrants to continue to move, often in the face of continued and confusing regulation (Tuckett, 2015). As pointed out by Shapendonk and colleagues (Shapendonk et al., 2020), migration trajectories are often subjected to shifts and changes, in which strict mobility regimes create ‘spatial frictions’ which often influence migrants’ decisions along the way. Despite these obstacles, migrants exercise remarkable agency in making active plans and calculations for their journeys (Crawley and Jones, 2021; Innes, 2016; Mainwaring and Brigden, 2016). People most often have a clear destination in mind, which heavily depends on existing kinship connections in the country of choice, job possibilities, linguistic landscapes, and personal aspirations (Neumayer, 2004). Yet, such decision-making is never detached from the wider capitalist politics of the state. As Dines and colleagues (2015) note with reference to the Italian island of Lampedusa, migrants’ movement through detention centres points to borders not just as sites of containment, but indeed as powerful political representation, which maintain state denial of migrant rights under unequal labour regimes.

In this study, we note that ‘migrant cartographies’ (Tazzioli, 2021), in their shifting and multiple dimensions, shape perceptions of vaccines, and argue for the fundamental importance of centring mobility needs in analysis of migrants’ experiences and understandings of public health and risk management measures. We find that vaccines choices are understood with reference to the ability to move, rather than as protective measures. Indeed, people on the move largely perceived vaccines as yet another obstacle to be navigated throughout their migratory journey. Accordingly, we find that vaccines can only be understood with reference to the intersection of pandemic bureaucracies and violent and racialised borderwork, which deeply affect movement, albeit through arbitrary strategies of enforcement.

Our results show that oppressive border practices and hostile migration policies heavily inform vaccination choices amongst people in the move in transit in border areas. Particularly, the Covid-19 pandemic has allowed for a multiplication of borders, including intense sharpening of governmentality practices related to border policing, linked to widespread anti-immigration policies and directly aimed at limiting cross-border movement (Rajan, 2020). These tactics include both the proliferation of ‘health bureaucracies’ and the increase of law enforcement agents at geographical borders, particularly on the Italian-French one. Fears of authorities and state detection are embodied and taken with migrants far beyond the border-zone. Taking a mobility centred lens, vaccine perceptions evidently result from transnational encounters at state and internal borders. Our interlocutors often imported experiences and encounters at borders along the route into calculations about

crossing the Alpine border.

Our findings indicate how requirements to produce proof of Covid-19 vaccination was actively mobilised within migrants encounters with state authorities during their trip. As we have shown, it was complying with - or avoiding - the regimes of regulating vaccines which formed a more pressing priority for people on the move. The literature has often pointed out that, even before the pandemic, migrants often refuse vaccination in an effort to remain undetected by state authorities while in transit, therefore prioritising their mobility over health concerns (Mipatrini et al., 2017; Page et al., 2022). Crucially, however, our research highlights that the prioritization of mobility was also the main reason underlying migrants’ decisions to accept a vaccine.

In addition, amongst people on the move, rejection of vaccines is usually understood as linked to language barriers, mistrust towards state and health authorities, and individual factors such as level of education and religious beliefs (Tavolo *Immigrazione e Salute*, 2021; Lin, 2022). While these elements are certainly relevant and may well play a part in some people’s decision-making processes, we find that considerations about the role played by systemic factors (e.g., endemic institutional racism, lack of access to healthcare services) are largely absent in the current policy landscape.

Within this context, we find that bordering effects deeply interface with the identities of migrant travellers. Specifically, we find that male migrants are the ones who are put more in danger by oppressive border policing. Due to the ‘gendered regimes of care’ that dominate migration management worldwide (Ticktin, 2011), young men are more likely to be rejected at borders, more likely to be tortured by police, and less likely to receive assistance in the country of arrival (Krystalli et al., 2018; Turner, 2018). As shown by Tyszler (2019b), furthermore, border zones and the violence associated with mobility regimes actively shape young men’s masculinity. By constructing these individuals as undesirable, European migration policies encourage and produce a virilist performance of masculinity where physical strength is essential to overcome borders.

A focus on male travellers’ experiences shows that violent bordering practices and obstructions to mobility play a major role in structuring people on the move’s rejection of Covid-19 vaccination. While these practices impact all people on the move, we argue that they have particularly adverse implications for groups whose vulnerability is enhanced by securitised humanitarian narratives which prioritises the protection of family groups, and women and children in particular (Turner, 2021). Indeed, throughout the 21st century, young men have consistently been blamed for importing disease, violence and disorder into Europe (Das, 2020). Specifically, our results highlight how oppressive border policies inform the rejection of Covid-19 vaccines of young migrant men, who are most often the target of xenophobic narratives which portray them as dangerous and illegitimate in their claims for safety, and whose worldview, identity, and masculinity are strongly shaped by hostile border policies (Tyszler, 2019a; Freedman, 2016). As noted by scholars across multiple contexts, for young men, especially lone male travellers, the migratory journey often plays a major role in the performance and construction of identity and masculinity (Palillo, 2022; Pande, 2017). Socio-cultural expectations of ‘breadwinner masculinities’ (Hanlon, 2012) also contribute to the emphasis on virilism and physical strength in border masculinities, and fears of side effects of the vaccine also intersected with young men’s perceptions of their own identity as men.

Our empirical data can usefully be put in conversation with insights from critical border studies. On the one hand, we have provided ample evidence of the heightened governance linked to Covid-19. The regulation of vaccines legitimated not just the interventions of border police, but of a new cadre of transport operators, hospitality owners, and retailers who could enforce state mandates. In this way, migration became subject to surveillance not just at the border, but at a multiplicity of borders within the state. In this way, experiences of people on the move during Covid-19 echo existing ethnographies which highlight the

tensions around vaccination campaigns when viewed ‘from below’ in prior health emergencies (Closser et al., 2016).

The majority of scholarship and policy which focuses on migrants argues for the development and distribution of linguistically and culturally appropriate communication strategies. Whilst reflecting this diversity amongst migrants is important, such approaches alone may not necessarily increase vaccine uptake, nor build trust following the acceptance of a vaccination. Throughout our research, even those who had refused vaccination had access to ‘correct’ health information published by government ministries and humanitarian organizations. Rather, vaccine choices related to the role of accepting - or refusing - in relation to onward travel and the physical, psychological, and existential risks related to it. We suggest that in order to boost equity in health interventions which target people on the move, it is important to centre their perspectives and experiences, and prerogatives to move.

## 6. Concluding remarks

Whilst our enquiry is informed by the place-based specificities of Italy’s Alpine borders, we suggest our findings have direct implications for analysing vaccine acceptance across other marginal places in Europe. Italy is far from the only nation-state to pursue pandemic policies devoid of considerations for socio-economic inequalities, and to sanction ‘acceptable’ forms of stigma towards unvaccinated groups. Elsewhere too, attempts to control viral spread have provided justification to enact increasingly stringent border regimes.

Though recently migrants have been included in EU policy on account of their ‘vaccine hesitancy’, our empirical work challenges these rights-based assumptions. Instead, our analysis has elucidated more complex relationships of resistance and compliance which are performed by groups fearing state detection. We suggest that policy should depart from the perspectives and prerogatives of migrants themselves, or else even well-meaning attempts to visibilise migrant struggles risk depoliticising communities, constructing them as subjects onto which health intervention should be imposed.

Our encounters clearly show how national efforts to contain a pandemic have exacerbated pre-existing harms for undocumented migrants; risk of being stuck, risk of police violence, risk of death. The dearth of reporting around the worsening humanitarian crisis has also occluded these events from international views. Yet there is something specific about the design of vaccination campaigns, which in their design reflect ideas about fixity and belonging to a nation, thus holding specific challenges for people on the move.

Finally, rights-based approaches to vaccination policy assume that structural obstacles will lead to resistance to public health measures. On the other hand, our findings suggest that performances of forced compliance are often an easier option under conditions of duress and disempowerment. We argue that vaccines should be understood in connection with the agential formulations of people in the face of changing and oppressive governance regimes. We highlight that decision making around vaccines constitutes an everyday strategy of resistance through which people capitulate, resist, or evade capture by the state. In this study, we have shown too how the border is experienced viscerally, and crossing the border becomes linked to a host of affective states – including fear of detection, but also anticipation at achieving a successful crossing. At the margins, vaccine mandates can only be understood ‘from below’, with reference to bureaucratic obstacles which carry the potential to restrict or facilitate onward movement.

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## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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