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Qatar, the Coronavirus, and Cordons Sanitaires: Migrant Workers and the Use of Public Health Measures to Define the Nation

This article looks at the use of public health strategies to define political membership in the nation. I examine the use of the cordon sanitaire to mitigate the novel coronavirus in Qatar. I argue that it acts primarily as a boundary to map out zones of political exclusion, splitting those who are entitled to protection from disease from those who are not. Through an analysis of the logic, application, and history of the cordon sanitaire in Qatar and elsewhere, I argue that it is only a more explicit example of the ways that governments have applied public health measures such that they apportion exposure to COVID-19, protecting some while mandating exposure for others. Exposure, or protection from it, has become a means to spatialize power and territorialize the national imaginary, separating full members from those who are excluded and reduced to their economic function. [migrant workers, space, public health, segregation, COVID-19]

In the summer of 2020, six months into a global pandemic, it has become a truism to say that the coronavirus has exposed the structural inequalities that define our societies. In countries around the world, the spread and impact of COVID-19 has shone a harsh light on inequitable access to health care, on unequal economic conditions, and on the ways that markers of difference—racial and otherwise—have stratified societies. But this may be too modest an assessment. It overlooks the way that public health measures to mitigate the spread of the virus have actually sharpened these structural inequalities. More pointedly, it sidesteps the manner in which these policies have apportioned exposure to COVID-19, protecting some from the coronavirus while mandating exposure for others—directing some to shield themselves from the virus through social distancing while mandating exposure for “essential workers.” The differential exposure generated by these policies has sharpened racial and class stratification in societies, and, significantly, it has also functioned as a means to define political membership in the nation. Exposure, or protection from it, has become a means to draw the boundaries of the national imaginary, dividing those who are embraced as having full political membership from those who are excluded from the vision of the nation.

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This is a strong claim, particularly since it refers to outcomes that are still emergent, but in some places, this function of public health measures is already clearly visible. Qatar, a small but lavishly wealthy country appended to the Arabian Peninsula, is one such place. Politically, its defining feature is that 90% of the country's population is foreign, with no claim to membership based on citizenship; for the vast majority, the right to residence in the country is tied to their employment (Central Intelligence Agency 2020). The coronavirus pandemic hit the country hard: In July 2020, Qatar had the highest rate of COVID-19 cases per capita in the world, at 3,929 per 100,000 people on July 27, outstripping neighboring countries in the Persian Gulf by a significant margin, including Bahrain, which ranked second in the world on that same day at 2,709 per 100,000. Qatar held this distinction since the beginning of March when it reported its first cases (*New York Times* 2020).

Qatar intervened quickly and muscularly to mitigate the spread of the novel coronavirus. In early March, the Qatari government implemented the standard protocol of testing, contact tracing, social distancing, and the shut-down of non-essential business activity. It augmented these measures by locking down entire areas of Doha, the capital city. On March 11, when the government had registered 239 cases of COVID-19, it established a strict cordon sanitaire around the area of Doha where migrant construction workers are housed—a 12-km square zone called the Industrial Area, where worker barracks are squeezed between cement factories, warehouses, and equipment sheds (Pattison and Sedhai 2020). The government set up roadblocks and built a concrete barrier around the perimeter of the Industrial Area to mark out the boundaries of cordon (*Arab News* 2020).

These measures had little effect on the spread of the coronavirus in Qatar, which accelerated rapidly. But this was unsurprising because the design of those measures was not informed by the coronavirus and its behavior in specific populations. It was driven instead by Qatar's brand of economic development planning and its national vision for its future. The country's public health measures, and its cordon sanitaire in particular, became a means to scission the country's population based on economic function into those who would be members in the future that Qatar was building and those who would be excluded. The exposure created by Qatar's public health measures was concentrated spatially in part because the government's interventions were spatial in application, but also because the virus requires spatial proximity for transmission. What this has meant is that Qatar's public health measures, and the cordon sanitaire in particular, has spatialized the distribution of power, mapping belonging and exclusion onto geographic space.

This article has three parts. In the first section, I describe the logic of the cordon sanitaire and its use as a tool to spatialize power. In the second section, I explore the use of the cordon sanitaire in Qatar to draw the political boundaries of the nation and to map its economic aspirations. In the third part, I discuss the limits of a strategy that uses public measure to define the nation, and, more specifically, to define political membership. I locate those limits in the biological bodies of the population on whom the public health measures are applied.

My argument about the political function of Qatari public health measures and about their spatialization of power relations relies on an inductive use of ethnography. I draw on several years of ethnographic research on migrant construction workers in Qatar, conducted between 2012 through 2015, on construction sites, in labor

camps, and in the halls of architectural design firms and government bureaucracies. Now, with borders closed, and travel largely impossible, this prior research serves as a resource that informs my interpretation, at a distance, of the significance and impact of the cordon sanitaire that the government of Qatar drew through its capital city. My reading of press accounts, human rights reporting, government pronouncements, and also videos and text messages sent from behind the cordon sanitaire, are refracted through the grounded understandings I developed of the conditions of work and life that migrants in Qatar confront. This “ethnography at a distance,” where distance is defined in space and time, is a product, too, of the divides created by public health interventions enacted in Qatar, but also globally through border closures. The distance is enforced and inescapable, to be sure, but the fact that the analyses of the cordon sanitaire and its impacts that are able to reach broader audiences are produced outside its bounds is itself a product of the political partition it engineers and is reflective of the spatialization of power it enacts.

The Logic of the Cordon Sanitaire

A cordon sanitaire is a spatial version of quarantine. In a standard quarantine, *persons* who are infected or who have been exposed to the infectious agent are isolated. A cordon sanitaire is a practice designed instead to isolate *spaces* associated with infection (Wilder-Smith and Freedman 2020). A cordon sanitaire also does generally not have the same temporal limits as a quarantine. Generally, the duration of a quarantine is determined by disease manifestation and progression in biological bodies. The length of the quarantine associated with the coronavirus has been 14 days after exposure, on the assumption that the virus takes two weeks to become symptomatic or until symptoms have abated. But the time frame associated with a cordon sanitaire is delinked from biological disease progression and is not informed by the temporal manifestation of infectious agent in bodies. Instead, a cordon sanitaire isolates a space for as long as the social body—the community or social group—penned into that space is perceived as infectious (Bashford 2004).

The cordon sanitaire set up on the perimeter of the Industrial Area outside of Doha is disconnected from the temporal progression of the coronavirus. The time it takes for the virus to manifest in an individual body or the time it takes for the virus to move through a population has little bearing on the management of the cordon sanitaire in Qatar. The concrete barricades around the Industrial Area have been built up and, at the time of publication of this article, there is still no indication of when or whether they will come down.

The cordon sanitaire has been strictly enforced: The government has not permitted residents to leave the zone for any reason, including seeking out medical care (Mandal 2020). The few big box grocery stores in the Industrial Area that workers rely on to purchase food have not been restocked. News media and human rights observers have been prohibited from crossing into the Industrial Area, and the Qatari government has maintained a ban on the use of Voice Over IP platforms for voice and video Internet calls (Kiparoidze 2020), despite calls from human rights and media groups around the world (Human Rights Watch 2020). Still, workers have sent messages on encrypted apps to journalists and human rights organizations (Cousins 2020). On April 7, 2020, the German news network WDR aired a short

documentary on the effect of the coronavirus pandemic on migrant workers in Qatar. It included phone and text testimonials from workers describing the heavy police presence enforcing the lockdown (WDR 2020). The workers who sent messages reported that they were hungry and unable to access food. “There’s no food here. It is a serious problem.” Said another: “There are a hundred workers in my camp and we ran out of food days ago.” The documentary also included cellphone video of a crush of workers running toward a government van delivering food, and of police cars driving straight into the crowd, dispersing the men that had rushed to access rations.

The government of Qatar ostensibly established the cordon sanitaire as a measure to reduce transmission of the coronavirus, but conditions *within* the cordon favor rapid transmission. The population density in the Industrial Area is on par with downtown Delhi. Workers are housed in crowded dormitories—called labor camps—provided by their employers, lodged anywhere between six to 12 to a room on stacked bunk beds. The cramped rooms have little ventilation. Bathrooms and kitchens are shared by tens or hundreds of men, and the sanitary conditions are poor. The water supply to the camps, frequently provided by water trucks instead of municipal infrastructure, is not always reliable. It is unclear at present as to how the quarantine blockade has affected water delivery. What is clear is that the labor camps in the industrial do not provide the facilities to isolate those who develop COVID and are contagious but not ill enough to require hospitalization. Moreover, migrant workers who want to return to their countries of origin as a way out of the locked-down area face travel restrictions associated with their labor contracts. International border closures in response to the coronavirus, versions of cordons sanitaires in their own right, have also strengthened the closure around migrant workers in the Industrial Area.

Even as Qatar has cordoned off the area where workers live, the government continues to allow workers to be transported to construction sites outside the Industrial Area. Like most economies worldwide, Qatar has suspended most non-essential business activity, but it has mandated that construction work on the large projects leading up to the 2022 World Cup, to take place in Qatar, must continue. This decision has undoubtedly accelerated transmission back in the Industrial Area (Tadros 2020). Workers are transported to construction sites on packed buses. The government has decreed that the passenger load of buses should be halved, but given that transport was already overcrowded, this new regulation does not allow enough space on the transport to be protective. It is also unenforced (Fahey and Harris 2020).

Once at construction sites, migrants work in extremely close physical proximity with thousands of other workers. They work elbow to elbow; they share tools and handle the same materials; they communicate and coordinate their physical movements.¹ This close physical interaction favors the spread of the coronavirus. Infections can then be transmitted on to others in the close quarters of the labor camps where physical distancing is impossible and protective hygiene extremely difficult. How much the coronavirus has spread within the Industrial Area is currently unclear: Qatar has a testing rate on par with Singapore (Our World in Data 2020), but testing has primarily been focused on populations outside the locked-down zone (*The Economist* 2020). Local medical teams that have attempted to test for COVID-19 as part of epidemiologic surveillance strategies have reported challenges in securing access in the Industrial Area (Abu-Raddad et al. 2020).

But on some level, the rate of infection in the Industrial Area doesn't matter. The purpose of a cordon sanitaire is not the prevention of contagion *within* a society. The purpose is to cut off the portion of society perceived as diseased from the rest of the social body. How diseased that portion of society ultimately becomes is irrelevant; it has already been amputated.

This is different than a quarantine, a temporary separation, which leaves open the possibility for healing and reintegration. As the 40 days encoded in the word suggests, a quarantine is designed to remove persons from society—or to forestall their entry into it—only for a time, until their disease blossoms and resolves or it becomes clear that they are not carriers. A cordon sanitaire envisions no such reintegration. It marks out a space as diseased and irredeemable, indefinitely, and it marks all the people in that space as sources of contagion until the threat of disease has passed for everyone. As scholars of humanitarianism have demonstrated, all public health measures and humanitarian interventions stratify society and designate some people, and some illnesses, as more deserving of care (Barnett 2011; Fassin 2009; Ticktin 2011). What makes the cordon stand out among these public health interventions is that it apports exposure and even creates the conditions for illness. A quarantine removes persons from society when they are ill or are suspected of having been exposed to a pathogen. A cordon sanitaire subjects entire populations behind the cordon to increased risk of exposure, withholding the possibility of quarantine or even disallowing it, thus producing the disease threat, in many cases, that it was erected to contain. It creates its own justification through the production of illness, and makes the imposition of a boundary erected indefinitely, drawn based on the spatial location of communities and populations rather than on disease processes in the biological body, seem indispensable.

This temporal indefiniteness is why the cordon sanitaire acts as primarily a boundary that maps out zones of political exclusion rather than as a means of disease control. The cordon sanitaire splits society into those who are entitled to protection from disease from those who are not. It draws a spatial partition, separating those who are the subject of the kinds of measures—public health and otherwise—through which governments produce and protect life from those who are defined as outsiders, pathogenic threats to the community, who are either undeserving of government protection or on whom government measures are wasted because something about their makeup or behavior means that measures would have little effect. The cordon sanitaire, in other words, marks out the zone beyond biopolitics (Lemke 2001)—the zone beyond the spaces in which government administrators and orders life to, as Foucault explained, “ensure, sustain, and multiply life” (1998 [1976]: 138)—or rather the zone where biopolitics and the political protection of life implicit in the government management of life processes is withheld.

As an intervention for disease control, the cordon sanitaire has never been particularly effective. With the exception of a couple of cordons sanitaires established to contain Ebola, first in 1995 in Zaire by President Mobute Sese Seso who used military force to confine the residents of the small city of Kikwit within its bounds and in 2014 by the government of Liberia around the West Point district of the capital to contain an outbreak, the strategy has, since the turn of the 20th century, largely been abandoned as a public health intervention (Pandey et al. 2014). In part, this is because the notion that diseased and disease-prone segment of society

could be calved off is based on an older, incomplete understanding of disease transmission and of the role of pathogens as vectors of infection. But it is also because the cordon sanitaire's main purpose is, and has always been, explicitly and manifestly, to divide society rather than to resolve disease—to cleave it into those perceived to be diseased or susceptible to disease because of inherent traits or social practices, and those perceived to be resistant to disease and socially superior.

The modern history of cordons sanitaires—after the identification of infectious agents, virus or a bacteria, rather than a miasma or some other characteristic of a population, as the source of disease called the premise of the cordon sanitaire into question—provides repeated examples of the way that the cordons were used to partition society. Imperial regimes, in particular, favored cordons sanitaires as tools of governance. Colonial authorities used them to reconfigure the spaces they governed, drawing them to make existing divisions and colonial hierarchies manifest in the geography of places they controlled. They used the pretext of epidemic emergency to spatialize longstanding racial ideologies (Anderson 2017): the Australian government used of leprosy cases to confine Aboriginal populations to certain areas of the country through early 1800s to the closure of the last lazaret in 1959 (Bashford 2004); the French colonial government invoked the bubonic plague in 1914 to partition Dakar into the colonial city and the *quartier indigène* for the Senegalese population (Bigon 2012); the British imposed cordons sanitaires against cholera in Cairo and Alexandria, in repeated waves starting in 1883, to assert its control over the Suez Canal (Ismail 2017); and in Cape Town, South Africa, the government used the threat of plague from 1900 to 1909 to justify the forcible removal of the city's Black population across a cordon sanitaire line and into segregated camps (Swanson 1977; White 2020). With the enforcement of a cordon sanitaire, colonial governments could use exposure to disease as a scalpel to carve places and populations, and to harden political, racial, and economic divides into spatial partitions (Bigon 2016).

In her study of uses of cordons sanitaires and quarantines in the United States at the turn of the 20th century, Felice Batlan defines the cordon as a means to produce the “erasure of the juridical being” (Batlan 2007). She argues that the spatial focus of the cordon sanitaire facilitated government actions to strip those trapped within the area marked as diseased of their legal rights and political standing. In 1892, for example, in response to a typhus scare on a steamer ship transporting Russian immigrants to New York, the city government turned away from the port and instead cordoned off large sections of the Lower East Side, home to the city's Russian Jewish population. *The Sun* described the government action to isolate the “Jewish quarter” as required by the “weak, debilitated physique” of residents in the area, and as a necessary measure to “disinfect and fumigate ... the squalid quarters of these people” to protect the rest of the city (Batlan 2007: 77). The City Department of Health removed people within the cordon from their homes, confiscated and incinerated their belongings, and condemned buildings in the neighborhood—all without legal process and with little regard to whether those targeted had been exposed to typhus or displayed symptoms of the illness (Markel 1999).

In the decade that followed, government entities used the spatial isolation of the cordon sanitaire to strip populations of their legal rights, including the right to life, repeatedly, bearing down especially hard on Chinese immigrant community,

already a target of formally institutionalized racism in the Chinese Exclusion Act of 1882. In 1899, the U.S. Board of Health in Honolulu, still a U.S. territory at the time, responded to a small number of cases of bubonic plague by establishing a cordon sanitaire around the island's Chinatown. Shortly after the new year, the Board of Health moved to incinerate a set of buildings in the cordon and started a blaze that swept through the entire area. As the neighborhood burned to the ground, police and armed white citizens prevented those fleeing the fire from escaping the cordon sanitaire (Mohr 2004). That same year, in response to the threat of bubonic plague, the government of San Francisco established a cordon sanitaire around the city's Chinatown, its Board of Health stating that Chinatown represented a constant disease threat and that the "Chinese cancer must be cut out of the heart of the city." The cordon was enforced through police measures, and while the encircled Chinatown began to face acute food shortages, the Board of Health began planning to incinerate the area, in an explicit bid to replicate the tactics used in Honolulu (Batlan 2007).

San Francisco eventually dismantled the cordon sanitaire around the city's Chinatown. The police measures the city used to contain the panicked residents pushing to leave the area intensified, and the city's residents beyond the cordon began to weigh the threat of violence posed by a population, agitated by their enclosure, against the more abstract and less certain threat of disease. The city was ultimately forced to back down by a Supreme Court decision that found the cordon sanitaire unconstitutional, determining that the measure was not being implemented based on public health premises and had little value in protecting the health of citizens (Batlan 2007).

Drawing the Borders of the National Imaginary

If the function of the cordon sanitaire is to spatialize power, then its location reveals its politics. In Qatar, the cordon sanitaire's placement indicates its purpose.

All migrants in Qatar are regulated by a single visa system. They are allowed to reside in Qatar under the *kafala*—or sponsorship—system, which binds migrants to their sponsor, generally their employer, and gives the employer the power to terminate the migrant's right to reside in Qatar. This system applies to all foreigners, irrespective of national origin, occupation, income, or religion. But underneath this overarching legal structure is a network of policies that stratify migrants in Qatar. Through a web of regulatory actions, policing strategies, and urban zoning directives, the Qatari government divided its foreign population into two categories: professionals and workers.

The dividing line between these two categories has been skill. In policy documents and public pronouncements, the Qatari government has defined professionals as white-collar skilled employees, whereas it described workers as unskilled manual laborers. The definition of these skill categories has been imprecise, and their delineation has had only a tenuous relationship with actual expertise or work experience of migrants slotted in each group. Workers with advanced technical skills are regularly classified as unskilled, whereas housekeeping staff are grouped in policy with professionals. Less than actual skill, the wealth and profession of migrants seem to determine which skill category they are slotted in, with male workers in blue-collar occupations automatically defined as unskilled. Skill in Qatar acts as a marker of

social difference rather than a measure of expertise. Social categories other than skill, proxies such as marital status or race, are frequently used interchangeably with skill to sort migrants into skilled and unskilled category. Workers defined as unskilled are presumed to be of Asian or African origin, whereas workers from Europe, Australia, the United States, or who are white South Africans, are largely viewed as skilled. More saliently, workers in blue-collar occupations are defined in government policy as “bachelors” or “single male laborers” regardless of their actual marital status, whereas migrants defined as skilled professionals are described as “families,” even when they are unmarried or live and work in Qatar without their families.

While the convoluted language and the overlapping criteria that the government uses to describe these two categories have sometimes produced public confusion—are male doctors or engineers from the Middle East or Asia, living in Qatar alone, bachelors or families?—the government policy measures that create this cleavage have made its consequences unambiguous. The government has defined these categories as separate and unequal, and it has issued layers of directives that have radically limited the rights of workers defined as unskilled can access.

Most directly, the government has issued a series of guidelines defining Doha as a family zone, and has banned unskilled bachelors from living in or even moving through most areas of the city. The government has required employers to house unskilled workers in tracts on the outskirts of the city zoned for industrial use rather than for residential housing, primarily in the Industrial Area, the largest of these tracts. The government has backed these directives by ordering its security services to detain and deport any unskilled worker found circulating without permission in areas reserved for skilled professionals (Finn 2016). Within the Industrial Area and other smaller industrial zones, employers have implemented additional measures to limit workers’ physical mobility. They have used a variety of measures to confine workers to their labor camps, including widespread surveillance—CCTV cameras and cellphone GPS locators—and control of transport, limiting workers’ access to company vans and buses, which generally are workers’ only means of transportation, even for the purchase of groceries and access to ATM machines and money transfer offices.

These measures have produced a city that is geographically segregated by skill category. Doha, the center of the Qatari city-state, is reserved, as a matter of policy that is enforced through police action, for professional elites. Workers defined as unskilled are excluded from Doha, confined to peripheral zones in the desert. The government has clearly demarcated the boundary between these two areas of the city: In 2011, the Ministry of Municipality and Environment published color-coded maps indicating which areas were reserved for skilled professionals and prohibited to unskilled bachelor migrants, and which areas were zoned for industrial uses, including, under the government’s definition, dormitories for labor. It reinforced the segregation directed by maps as a matter of law in 2019, clarifying the steep penalties associated with violating the zoning directives (State of Qatar 2020). Among Doha’s residents, the littoral between these two areas is widely perceived as a no-go area, dangerous to cross, in part because the threat supposedly represented by the half-million male migrant workers confined to the 12-km zone, and in part because crossing in the Industrial Area might draw the attention of Qatar’s security services. Even some government officials I interviewed during my fieldwork there believed

that crossing the boundary between these two areas, without authorization or some professional exigency, was problematic.

The role of borders, boundaries, and zones of exclusion in a nation's imagination of itself is a theme that historian Thongchai Winichakul develops in his study of the creation of modern Thailand, *Siam Mapped* (Winichakul 1997). He argues that nations invent, understand, and maintain themselves through practices that establish their territoriality, which he defines as the practices through which they exercise control over a geographic area and use the management of space as a means to organize social structures and relationships. He describes the overlay of these governance practices onto geographical space associated with the nation as the making of a geobody—the geographic imaginary of a nation. As he explains, the definition of a geobody, the sketching of its boundaries, requires, “a form of classification by area, a form of communication by boundary, and an attempt at enforcing. . . . The geo-body of a nation is a man-made territorial definition which creates effects—by classifying, communicating, and enforcement—on people, things, and relationships.” The most salient of these effects to the understanding of the geo-body is “the creation of otherness, the enemy in particular . . . to justify the existing political and social against rivals from without as well as from within” (Winichakul 1997: 167). The geo-body is imagined by defining what—and who—it excludes.

The partition of Doha into a city and its Industrial Area, and the division of its residents into skilled professionals and unskilled laborers, is the spine of Qatar's geobody. This segregation is core to the way Qatar imagines itself. Qatar is a country that has willed itself into existence. Through massive funding and deliberate action, the government of Qatar has reinvented Doha as a city-state for the global elite, distinguishing itself as a destination for global culture and sports. But Qatar's understanding of itself is prospective: The government's Qatar National Vision Plan 2030 sketches out a future of a country inhabited by wealthy professionals, described as “knowledge workers,” supported by a robust service sector to tend to their needs. The Qatar National Vision 2030 is the country's organizing policy document, and all state actions have to be justified in relation to the plan and to the future it outlines (State of Qatar 2008). The plan foresees—and lays out specific policy steps to ensure—that migrant workers defined as unskilled will no longer be present in the future that Qatar is building. The construction workers, factory operators, laborers, and machinists—the workers confined to the Industrial Area—will be sent back home, no longer needed and not replaced.

Qatar's geobody, mapped onto a segregated capital, splits the population by role in its development. It divides those who belong to a category that will be able to claim membership—if not citizenship—in Qatar's future and who enjoy provisional membership in the present as a result, from those whose presence in Qatar is purely instrumental. Put differently, it partitions the country into places where residents can aspire to membership and places where people are reduced to their economic function. This scission by skill is Qatar's version of racial capitalism, an economic system built on social hierarchies and division (Melamed 2015; Robinson 2000): Spatial segregation divides knowledge workers, with families, who will make up Qatar's population of global elites, from migrants treated as racialized labor, shorn of family and community ties, who are already excluded from Qatar's national vision, already shunted beyond the boundaries of the country's geobody.

In Qatar's national development plans, the geo-body of the country's present and its imagined future are overlaid. Qatar's internal geography is partitioned into areas that will be preserved and developed in the future, and areas that are provisional and will be dismantled when the future is achieved. In keeping with this geographic imaginary, its population is segregated spatially based on whether they will belong to Qatar's future—the skilled professional workers that will live in the country's luxury developments—or whether they will belong to Qatar's messy transitional past—the unskilled laborers only necessary while the city was under construction. Qatar's defining boundary is the one that protects the city's future from its present. The government uses heavy-handed police tactics to keep the residents of the areas that Qatar wants to shed from entering the spaces where Qatar is building its future.

The cordon sanitaire that Qatar has imposed to contain the spread of the coronavirus follows the contours of the nation's geo-body. It sits on the boundary the country has drawn between its present and its future, and more specifically, between the migrant workers it has accepted provisionally and instrumentally to build the future it has planned for itself and professional elites that it will welcome to be part of it once it is constructed. The cordon sanitaire encircles the Industrial Area, confining the workers that are housed there within its perimeter. With police and cement barricades, the cordon has reinforced the measures through which the government already prevented the migrants Qatar defines as unskilled workers from entering the city.

Through its placement, the cordon sanitaire has amplified the processes through which the government has been drawing the boundaries of its geo-body. In the areas that Qatar has defined as part of its future, the government has deployed sophisticated and cutting-edge public health measures and has invested heavily to limit the spread of the virus and treat those who do contract COVID. To track the coronavirus spread, the government has implemented widespread testing, contact tracing, and the use of artificial intelligence tools to map contagion. Its Ministry of Public Health launched an app that uses GPS and Bluetooth technology to help diagnose and track COVID-19 cases, informing users if they come into contact with those who have tested positive. (Al Jazeera 2020). The responses the government has designed to care for the population in the city have closely matched the changing activity and spread of the virus: Observed patterns of disease spread have informed orders to close down non-essential business, schools, and public spaces. The standard of care in Qatar's hospitals and health clinics has been world class and well resourced, and the medical response has treated the biological consequences of the virus in specific bodies.

In the areas that in the Qatari national imaginary will soon be part of the nation's past, the government has been derelict. The government's public health measures have stopped at the edge of the cordon sanitaire. The Ministry of Health recently equipped a small outpatient clinic within the cordon to test workers and monitor the spread of the disease, but the clinic provides limited medical care to those who are ill (The New Arab 2020). It takes no steps to isolate migrants with COVID from the rest of the population and provides little assistance with convalescence. The government has largely abandoned the workers that it does not envision as part of its future to the coronavirus, leaving the pathogen to move untraced and uncontained among the workers housed in the Industrial Area. With its separate

and unequal treatment of the areas on either side of the cordon boundary, it has marked out the areas reserved for skilled professionals as worth the investment that public health measures represent, and the areas zoned for unskilled workers as tracts to be sealed off. It has doubled down on the country's division into areas defined by membership and by function. It has, in some sense, hastened the arrival of the future, allowing the virus to burn through the population of workers that the government anticipates it will soon shed, turning the virus into a fire much like the one that was lit to burn through Honolulu's Chinatown.

Geo-bodies and the Trouble with Bio-bodies

Alison Bashford, historian of quarantines and cordons sanitaires, notes that quarantine stations, designed as spaces to isolate and control, proliferated in the 18th and 19th centuries with the growth of global trade and cohered into an archipelago of carceral spaces that linked the world's oceans and the major trading ports on their shores (Bashford 2016). Quarantine spaces, she explains, were built as funnels to contain and regulate the movement of goods and people, but they functioned as sites that facilitated it. "Thus, quarantine was at once part of the world forged through connections of capital, trade and empire, and one of the responses perceived to hinder those connections" (2016: 11). As spaces and practices that at once enabled and curtailed interconnection, quarantines and cordons sanitaires embodied the tensions at the heart of globalization.

In this respect, the cordon sanitaire that Qatar has established is no different. The cordon sanitaire is meant to divide: skilled from unskilled, membership from function, present from future, diseased from healthy. Instead, it holds the tensions between those categories, and the administrative imposition of the cordon sanitaire enacts and relies on interrelationships between them. Its barricades and police enforcement are the physical expression of Qatar's political sorting by skill. But in hardening the divide, the cordon has revealed the connections that span the categories of unskilled and skilled. Even more pointedly, it has shown that Qatar's national imaginary, with its emphasis on the distinction between unskilled laborers and knowledge workers, depends fundamentally on the connections between two categories. The cordon sanitaire has highlighted the ways in which the geo-body that excludes requires the work of the excluded to maintain it.

The source of the internal contractions at the line of the cordon sanitaire is the biological connection shared by people on both sides of the boundary it draws. The tension in the cordon sanitaire is tautest at the pull between the national imaginary and the people who live in the nation, or to put differently, at the tension between the geo-body of nation and the bio-bodies that live within it. National imaginaries—whether in affective feelings of national belonging, articulated through careful planning documents and zoning policy, or manifest in concrete buildings—are only viable if people believe, enact, and build them. Geo-bodies depend on bio-bodies in this way. This connection makes politics material: national imaginaries depend on biological processes, specifically the biological life of people, in ways that are both symbolic and direct.

Qatar's massive construction projects, with thousands of workers at each location, are where the geo-body's dependence on bio-bodies is arguably most visible.

Even under pandemic conditions, building projects are likely the sites of where exchanges across the line between skill categories remain most intensive. The government has kept construction sites open as essential economic activity because the buildings—the stadia, cultural spaces, luxury developments—are the material expression of the future the country is building. The hundreds of thousands of workers, transported daily across the cordon line to construction sites, would need, as they did before the coronavirus pandemic, to engage in sustained collaboration across skill categories required to build the state-of-the-art buildings and infrastructure the country is racing to finish before the 2022 World Cup.

To carry out the advanced construction techniques in Qatar, engineers and managers need to consult several times a day with foremen and chargehands about how to resolve challenges that emerge in the construction process. The problem-solving approaches they use depend on their ability to examine together the structural components that are creating challenges in the building process and to compare them in-situ to construction documents stretched out by multiple hands. The materiality of the construction process requires workers from both sides of the cordon sanitaire to work in close physical proximity. Those interactions are also resistant to the monitoring and control required to introduce physical distance that would prevent the transmission of the coronavirus. Construction sites are locations of repeated and fluid movement of people, in and out, with each movement bringing it its own interactions across the skill boundary that the cordon sanitaire is used to enforce. Hundreds of trucks and equipment movers transport construction material and specialized machinery in and out of the construction sites. Teams of scaffolders, welders, machinists, glaziers—each made up of workers, supervisors, and engineers from both sides of the cordon sanitaire—join the construction site for hours, days, or weeks to complete portions of the construction process, before moving on to other projects. While onsite, these temporary crews negotiate closely with other teams about how to complete their work around one another, coordinating their physical movements and workflow in spaces that are often small and confined.

With the decision to barrel forth with the construction of the country's future, the government has required that employers shuttle their workers, with this threat of contagion they represent, across the temporal divide marked by the cordon sanitaire, making clear that the geo-body of the future depends on bio-bodies in the present, immediately and irrevocably. But the daily transport of workers has also meant that disease conditions that the government tried to confine behind the cordon sanitaire are brought to the other side of the line—to spaces that the cordon sanitaire was supposedly imposed to protect. With a tweet on June 25, the Qatari organization managing the construction of stadia for the 2022 World Cup, the Supreme Committee for Delivery and Legacy, acknowledged this fact with its announcement that an engineer on one of its sites had died of COVID-19, despite “robust mitigation measures” against the virus. More than a thousand workers on the handful of stadia sites had tested positive for COVID-19 by that point (Pattison 2020).

Even as the government has mandated the operation of activities that require the interaction of bio-bodies from both sides of the cordon, it has used the delivery of medical care to maintain the fiction of biological separation. The government has responded to the attempts of workers within the Industrial Area—workers transported daily beyond the cordon—to seek care with security measures that both increased

their exposure to illness and subjected them to tighter confinement. In mid-April, Amnesty International reported that the Qatari police rounded up and incarcerated hundreds of migrant workers after telling them they were being taken to be tested for COVID-19 (Amnesty International 2020). The workers were apprehended on the street in the Industrial Area, within the cordon. As one migrant reported, “We were asked to stop to test for the virus. Police told us that the doctor would come and check the virus. But they lied to us.” The migrants were transported to a detention facility in the Industrial Area where their documents and mobile phones were confiscated, and where they were held in overcrowded cells without beds or bedding, without sufficient food or water. They received no medical checks—and no testing for COVID-19—while in detention. Some were deported, but others remained in detention as the government waited for international borders to reopen and for commercial flights to resume so that workers can be sent back to their countries of origin.

The detention of workers seeking care reinforces the function of cordon sanitaire: Its purpose is to isolate and exclude those who are perceived as a disease threat because of their slotting in a social category. It is not to separate the infectious from the healthy; it is to divide the protected from the abandoned. By detaining those it picked up under the pretense of offering care, the Qatari government has doubled down on the meaning of the cordon sanitaire, making clear that its purpose is not merely spatial exclusion. It is exclusion from care, and, in some cases, undoubtedly, exclusion from life.

The government’s actions to defend the cordon sanitaire and its significance reinforce the nation’s territorial delineation of inclusion and exclusion. They enforce the separation of the spaces, the people, the aspirations, and the temporal dimensions that are part of the nation, and of those that are not. But the biological processes of human bio-bodies do not respect social categories or political divides. A pathogen moves from body to body regardless of which side of political boundaries those bodies are located on. The geo-body is created through division, whereas the bio-body’s defining characteristic is connection.

The cordon sanitaire sits on the live-wire tension between political division and biological connection. The cordon isolates and apportions care according to social category, and in doing so, it also necessarily delivers harm. In Qatar, it has accelerated the spread of the coronavirus and it has increased the physiological consequences of COVID-19 for those who get the virus, most immediately through crowded living conditions. But harm is the method through which the boundaries of the geo-body are drawn because harm is the outcome of the denial of connection. The manifestation of harm is the expression of political exclusion on which the definition of what is included in the geo-body rests. As a public health intervention, the cordon sanitaire is rudimentary and inadequate, but as a means to exclude and to delineate the boundaries of the nation, it is ruthlessly effective. The government of Qatar’s decision to apply a cordon sanitaire to manage the spread of COVID-19 is less a response to the coronavirus than an extension of its political strategy to define the nation and its future.

The government of Qatar no longer publishes data noting the residential location of people who develop COVID-19, but a study conducted by researchers at Weill Cornell Medicine–Qatar, a subsidiary of Cornell University, describes the expression

of the coronavirus pandemic in Qatar as consisting of two waves: an initial wave of cases concentrated in areas reserved for “craft and manual workers”—the Industrial Area—beginning in early March and characterized by a steep rise, and second “slowly growing sub-epidemic affected the urban population” (Abu-Raddad et al. 2020: 17). The study also found that 60% of the cases it documented through its sampling were asymptomatic. For all of the cordon sanitaire’s function as a method of partition, it has not stopped the spread of a virus that seeks out bodies opportunistically, irrespective of their classification as skilled or unskilled. The biological connection of bio-bodies may offer the beginnings of a politics to challenge partition, one based on interrelationship and solidarity of biological bodies. In *Necropolitics*, Achille Mbembe asks whether in the face of politics based on partition and exclusion, “another politics of the world [is] possible, a politics that no longer necessarily rests upon difference or alterity but instead on a certain idea of the kindred and the in-common? Are we not condemned,” he asks, “to live in our exposure to one another?” (Mbembe 2019: 40). The answer to his question might lie in the challenge that bio-bodies present to geo-bodies, in Qatar and elsewhere.

Cordons Sanitaires without the Cordon

Qatar is not alone in using public health measures to advance political goals—in using its treatment of bio-bodies to define the geo-body. From the United States (Chowkwanyun and Reed 2020) to Singapore (Ye 2020), from South Africa (Kihato and Landau 2020) to Brazil (de Oliveira and de Aguiar Arantes 2020), countries are using their responses to the coronavirus to define political belonging and membership and to enforce exclusion. But Qatar’s actions suggest that the salient question is not whether public health measures also cause harm, but rather *how* they harm, and what they reveal about the use of harm to define the nation.

In Qatar, the cordon sanitaire was imposed by fiat. The government erected barricades and charged its security forces with enforcing it. But this was just the method it used to draw the boundary between inclusion and exclusion. Other places have drawn the cordon sanitaire through policy that is not spatial. Governments around the world have also apportioned exposure, compelling those designated essential workers to expose themselves to potential infection, and equipping different categories of workers with different degrees of protection. Although these policies have not been spatial in design, they have been spatial in outcome. They have created geographies of exposure and infection, such that disease maps of cities hard hit by the coronavirus pandemic appear as if a cordon sanitaire had been drawn through them.

By the policies through which they apportion exposure, other nations, like Qatar, have used the pandemic to draw the boundaries of their geo-bodies. They have territorialized membership, spatialized power, and mapped their economic aspirations. But, like in Qatar, the bio-bodies required to enact idealized national imaginaries forge connections across the boundaries of geo-bodies. They reach across divides established through public health measures; they interact and connect. The coronavirus only augments this interconnection, affirming through infection the biological “in-commonness” that binds us. The vulnerability of bodies to one another under conditions of disease can amplify the spatial distribution of exposure, to be sure, augmenting through proximity the impact of the disease in areas with substandard

infrastructure, housing, or service. Even so, the ways in which biological bodies—in action and in vulnerability to disease—transgress political boundaries suggests that bio-bodies, in the solidarity of interaction and interconnection, might offer the best hope of dismantling the exclusionary borders of geo-bodies.

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