

*Call for papers*  
**Pandemics and Mobilities**

**Editors**

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**Important Dates**

**Abstract submission:** 20 October, 2024

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**Workshop:** Summer, 2025

**Submission of full papers:** 15 November, 2025

In the past few years, both mobility studies and pandemic studies have witnessed a spurt in the scholarship on these two subjects, often in interconnected ways. While several factors like economy, labour, health, gender, media, to name a few, have traditionally informed the trajectories in migration research, interest in pandemics as one of the defining premises for examining mobilities at large gathered momentum only with the outbreak of the coronavirus pandemic. That way, the coronavirus pandemic could be considered as the first pandemic in human history documenting the pathways and outcome of human mobility impacted by the contagion. In the light of this, while the scope of this edited volume is not restricted to the coronavirus pandemic, Covid-19 definitely draws attention and remains the dominant point of reference.

The Coronavirus-induced pandemic has been a catalyst in invoking interest in research, intellectual and policy investigations on pandemic-mobility interface. There is no denying the fact that the world is now divided into pre-Covid, Covid and post-Covid times, and that post-Covid time entails post-Covid realities that are shaping the future of migration, mobility and transnationalism. Although a major section of the population worldwide has been able to resume mobility and migration in a so-called post-pandemic scenario, the pandemic has emerged as a watershed in the history of migration and mobility, redistributing mobility and migration patterns and offering long-term shifts in how mobility is perceived at large. Coronavirus pandemic is not the only pandemic that the world has witnessed, and perhaps it will not be the last. However, as one of the biggest epochs in contemporary history, it continues to provoke us to raise several questions and issues concerning how pandemics impact mobility, immobility (Biao 2024) and sentiments of anti-mobility in a hyper-mobile world today. Issues like pandemic histories and what we can learn from them (Honigsbaum 2020), future of labour migration (Anderson, Poeschel and Ruh 2021), gender-mobility interface (Datta 2022), public health sovereignty (Jasanoff 2020), mobility of the risky bodies (Holwitt 2021), mobility of the marginalized (Boatca 2021), significance of media and communication during the pandemic (Pelican and Schuman 2022) etc. are some of the important subjects that this edited volume examines. Consequently, we have identified seven clusters as some of the most compelling areas that deserve attention.

**Pandemic histories, pandemic mobilities:** Since the outbreak of the Covid-19 pandemic, there has been a resumed interest, both in the academia and in the public discourse, in the earlier pandemics like the Spanish flu, polio, smallpox and alike. Of them all, Spanish flu became one

of the most popular points of reference that scholars have been drawing from, comparing it with the Coronavirus pandemic and examining the possible mechanisms for overcoming pandemic-induced mobility challenges. Although past pandemics like the Spanish flu have been useful as reference points for negotiating Covid-19, the past pandemics did not witness global lockdown the way the Coronavirus pandemic did. In addition, none of these pandemics were followed by global vaccination drives within less than two years of such outbreaks, as possible solutions to opening borders and regularizing global mobilities.

**Shifts in labour migration:** Global lockdown during Covid-19 brought several shifts in the way labour is organized. On the one hand, wage labourers in India moving from one state to another for work were forced to leave the big cities and return to the hinterlands by foot overnight, white collar professionals moved to remote work on the other. Not only tech professionals, even academics and journalists also shifted from onsite to online work modes, and many continue to do so even after the pandemic. This has raised concern like if the migrant receiving countries would no longer need people to physically move to their countries for work or could simply outsource their labour without having to care for their welfare. While the possibility of remote work has offered flexibility to the employees, especially transnational migrants, it has also made their work conditions vulnerable, exposing them to irregular and long work hours disturbing their work-life balance, among other things. In addition, it must be noted that while remote work could free the migrant receiving states from the burden of welfare of the immigrants and their families once they arrive in those countries, rarely are the labour migration issues only about labour shortage but larger demographic and political issues of the immigrant countries.

During the pandemic, further shifts in the global mobility could also be noticed in case of the seasonal migrants like the Romanian migrants temporarily moving to Germany to pick asparagus and strawberries even at the height of the pandemic. Further, the Coronavirus pandemic witnessed a massive expansion of the platform economy coupled with higher mobility among the delivery partners so that others could maintain their immobility and get all essential and even luxury items delivered at their door steps. All these examples point to the unequal pattern of mobility and immobility privileges spread across various social orders. Accordingly, questions like who can afford to maintain immobility, who is forced to remain mobile despite the pandemic, and whether transborder labour migration will decline with the rise of remote work, have gained attention.

**Gendering mobilities in pandemic times:** A pandemic coupled with global lockdowns and remote work impacts home as a site of interaction and adjustment, as people were forced to spend almost the entire time within the confinements of their homes all round the clock. Consequently, home emerged as a site of refuge and safety from the virus. However, home as a site of intimate relationships has hardly been an uncontested space. During the Covid-19 pandemic, incidences of domestic violence reached record heights at various corners of the world, often pushing the state to implement stricter protocols against the reporting of such incidences. For example, Paris city turned hotels into shelter homes where survivors of domestic violence could move to and save themselves from both the virus and their domestic abusers. Higher rates of domestic violence were also recorded in countries around South Asia and Africa, where the survivors had to negotiate little state support and depend largely on informal solidarity networks. Another significant aspect is the differential distribution of workload within households. In countries with stronger presence of heteronormative structures within households and outside, women faced more challenges at home as houseworks doubled

up due to continuous caregiving for the children, the men and other members of the family, as all educational institutions and offices remained shut for months. In addition, it has also been observed that in conservative and patriarchal societies, Coronavirus pandemic induced mobility restrictions that mimicked gender-based mobility restrictions that female and non-male actors face at large.

**Public health sovereignty:** The relation between the virus and the vaccine emerged as a crucial indicator of public health sovereignty during the Coronavirus pandemic. Several questions emerged regarding the location of the virus and the vaccine in our social and political lives at large. Consequently, the point here is to understand the role that science and technology plays in society specifically during a pandemic, both in terms of providing medical support to contain the contagion, and in relation to educating and actually providing vaccines to different categories of people – citizens, migrants and so on, in a transparent and trustworthy manner.

The most important concern is to learn what science and different medical and health contexts mean to different categories of people especially in a pandemic situation and how that informs a post-pandemic future. In the light of this, it is critical to ask, especially from the STS standpoint, as to what exactly the politics around public health sovereignty mean for us, who could afford to reject vaccines, how the vaccine regime reinforces border inequality across the world and how that emerges as a new and extended mechanism of border control centered on the Coronavirus pandemic. Since not all countries and not all the people in the world had equal access to receiving the vaccine, it is significant to engage with subjects like vaccine apartheid. Despite the declaration of global solidarity in terms of sharing scientific knowledge for vaccine-related research at global scale, how many economically powerful countries actually kept their commitments?

**Role of media, communication and technology:** Media's relevance during the Coronavirus pandemic engages three aspects. Firstly, both global and national media across the world were instrumental in the social construction of the other, scapegoating the marginalized and vulnerable communities and inciting discrimination against them during the pandemic. This could be observed in the way Sinophobia gathered momentum embedded in the mediated allegation that China was responsible for the coronavirus outbreak. There have been several cases of othering experienced by Chinese people or people who "look like them", reinforcing perception-based systematic marginalization. This put the migrants at double discrimination especially those who resembled features with the Chinese and the Chinese people outside China. Similar cases were recorded in India where the media alleged that the Muslims brought the pandemic to the country.

The other aspect involves the pattern of communication between the government and the citizens with regard to disseminating health protocols, quarantine protocols and vaccine protocols throughout the pandemic period and later. Countries e.g. Germany where the states offered clear instructions and safety protocols to its people were able to address the pandemic in comparatively more systematic manners than countries e.g. India where the handling was chaotic, leaving the people confused, stressed and exposed to the virus. The third aspect is surveillance. Countries like Singapore brought its citizens under a severe surveillance regime, documenting every move of those attacked by the virus, their mobilities etc. In China, factory workers were kept under lockdown even long after global immobility was eased and flights in the rest of the world had resumed. Technological sophistication was utilized by the states to normalize invasion of privacy in the name of protection from the pandemic.

**Marginalizing the mobile body as the “risky” body:** The perception of the mobile body as the risky body is embedded in the existing social structure of inequality on the basis of race, colour and caste. Extending Foucault’s biopower it can be argued that people from the underclass are often considered unsafe and prone to spreading the virus simply because they are unable to access the resources to maintain certain hygiene standards. Also, drawing on the notion of the privilege of the immobile, it is evident that those who continued to remain mobile despite the pandemic did not choose that lifestyle. For example, low skilled migrants and gig workers were forced to return to work at physical sites as soon as the global lockdown was lifted. Unlike the white-collar professionals, they lack the privilege to work remotely or remain out of job or choose their working conditions; their survival and economic activities depend on their possibility of remaining mobile. In most of the informal sectors and the platform economies, it is the migrants, the people of colour and lower caste people who constitute these profiles and were subject to severe marginalization due to their nature of work and mobility pattern.

Similar situations are observed where flight attendants, hotel staff, restaurant waiters, professional cab drivers and domestic helps are compelled to wear surgical masks so that the clients and household members can be free of masking themselves. This perception of the mobile body as the risky body extends to migrant factory workers as several states like Singapore forced them to live under inhuman conditions, spatially separated from the cities, refusing them to socialize with the civilians.

**Mobility catalyst, anti-mobility and post-pandemic outcomes:** Unlike popular anticipations that covid-19 will reduce global mobility, in some cases it has been observed that the coronavirus has acted as a facilitator of transnational mobility, especially among the tech migrants, lifestyle migrants and the digital nomads. While there is no denying the fact that migration and mobility have become more expensive in the post-pandemic phase, imposed immobility at a global level is also acting as a catalyzing factor for people to choose to move. At another level, stress, trauma and the anticipation of losing loved ones is pushing some to choose against mobility. People in wealthy countries, especially those who are not guided by motivations of migration for economic gain, are arguing in defense of anti-mobility and consciously making efforts to stay at the same place. Such choices of the people to choose moving or staying is informed by the pattern of uncertainties they experience in relation to movements. There are several cases of migrants deciding to return to their home countries in post-pandemic situations, choosing anti-mobility as a way of life while there are people who are refusing to move in the first place, citing mobility uncertainties as legitimate reasons. Although it is too early to predict all post-pandemic outcomes, it is evident that the coronavirus pandemic has opened possibilities in the mobility and migration discourses hitherto unexplored.

*In the light of these contexts:*

- *We invite contributions that speak to at least one of the clusters.*
- *Submissions must be in English and between 5000-7000 words.*
- *Both single authorship and co-authored submissions are welcome.*
- *All submissions must be original and not under parallel consideration elsewhere.*
- *For abstract submission, please submit 250 words abstract including a title, your affiliation and contact.*
- *Citation style for all submissions: APA.*
- *Email for all correspondence: mobilitiespandemics@gmail.com*

**Based on the submissions, we will convene a workshop in Summer, 2025 to present and discuss the full papers and related research ideas. The exact time and venue of the workshop will be published later.**

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