

Searching for the right balance between openness and closure: Spatial logics of crisis management and control in the policy response to pandemic disease such as COVID-19

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Funding information

None

Abstract

This paper argues that at its very core, the policy response to a pandemic such as COVID-19 is shaped by the search for the right balance between openness and closure, mobility and public safety. More specifically, drawing upon relevant social-scientific literatures and examples relating to the fight against COVID-19 in Switzerland, the paper highlights three broad and fundamentally intertwined spatial logics of control and restriction through which differing degrees and modalities of closure and openness are being articulated in the context of infectious disease. These refer to (1) border and access control; (2) the monitoring of people and objects on the move and (3) to the internal organization and monitoring of specific spatial enclaves. The three spatial logics of crisis management and control offer an exploratory framework, the paper argues, to study the functioning and implications of outbreak response both during and after the pandemic.

KEYWORDS

control, COVID-19, space

1 | INTRODUCTION

On January 23, 2020, authorities in the Chinese city, Wuhan, shut down the city's transport systems in response to the COVID-19 outbreak (Kuo, 2020). People were barred from leaving their residential compounds and more than 500 temporary quarantine centres were set up in hotels and university halls of residence across the city (Gan et al., 2020). One month later, the Italian authorities followed suit. A strict quarantine across 10 small towns in northern Italy was imposed, prohibiting 50,000 residents from leaving (Johnson, 2020; Rosen, 2020). On 10 March, the lockdown was extended to the whole country (Wysling, 2020).

Contrasting with this 'will to closure in the name of biosecurity' (Collier & Lakoff, 2015; Hinchliffe et al., 2013, p. 531), European

health ministers, including Alain Berset in Switzerland, decided on February 24 that the borders to Italy should remain open. A more rigorous response was seen as disproportional and ineffective (also see Akpan, 2020; Chinazzi et al., 2020; Peel, 2020). Back in China, from early March 2020, the initial system of strict closure was complemented with a more flexible, software-driven approach, providing instructions on people's smartphones as to whether they should be quarantined or allowed into public space. First introduced in the city of Hangzhou, the Alipay Health Code was subsequently rolled out nationwide (Mozur et al., 2020).

The preceding accounts emphasize that the response to a pandemic such as COVID-19 is, at its very core, shaped by the search for the right balance between openness and closure, needs for mobility and public safety (Xiang, 2020). This problematic involves all kinds of

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geographical scales, from international mobility management to national border politics, and from the closing of specific cities, towns or villages to the monitoring of spatial enclaves such as quarantined hotels and care homes. The central questions are how, to what extent and how long to keep affected spaces open and moving, while also anticipating, monitoring and managing public health and safety issues and preventing others from arising.

This problematic of openness versus closure is not exclusive to the containment of infectious disease (Bell et al., 2012). Scholars have approached it from various other perspectives, relating, for example, to the fight against terrorism (Amoore, 2006; Amoore et al., 2008), to security governance and risk management in the context of high-risk events (Fussey, 2015; Klauser, 2013) and to the management of international mobilities in times of crisis more generally (Andrijasevic & Walters, 2010; Bigo, 2008; Walters, 2006). Yet with regard to infectious disease, and COVID-19 more specifically, it is of particular relevance to find the right balance between needs for openness and closure because of the disease's conveyed level of threat, public anxiety and societal impact. As a result, control measures and restrictions are likely to be bound together more firmly, and with more dramatic implications for public life, than in other contexts.

Connecting with this, the present paper advances two intertwined, preliminary arguments:

On the one hand, the paper argues that the search for the right balance between openness and closure plays out, fundamentally, on a spatial level, that is, in relation to the spaces concerned by the restrictions and techniques of control deployed. More specifically, the paper highlights three broad and fundamentally intertwined spatial logics of control and restriction through which differing degrees and modalities of closure and openness are being articulated in the context of infectious disease. These refer to (A) border and access control; (B) the monitoring of people and objects on the move and (C) the internal organization and monitoring of specific spatial enclaves. The three spatial logics are used as a basic structure for the present discussion and set as a heuristic framework for future work.

On the other hand, and further pursuing the recent 'big data debate in crisis and disaster management' (Boersma & Fonio, 2017, p. 2), the paper shows to what extent the articulation of the three aforementioned spatial logics of control depends on the use of digital technologies. It is through the use of digital technologies, the paper argues, that initial reflexes of closure and lockdown in the fight against pandemic disease are being complemented, if not replaced, with a more flexible and differentiated software-driven approach, based on logics of data accumulation and analysis, tracking and tracing and personalized instructions and risk assessments. The point is to allow specific forms and degrees of openness and mobility, while also monitoring these and preventing dangerous evolutions. Thus freedom of movement comes at the price of increased surveillance, social sorting and loss of informational freedom. The paper asks for critical consideration of the wider societal and power issues this raises.

Both arguments draw upon existing social-scientific literatures in the fields of risk research, crisis management, surveillance studies and

human geography that investigate the containment of the pandemic disease. The two arguments are also informed by a series of exemplary illustrations relating to the fight against COVID-19 in Switzerland. This particular national focus is adopted to give coherence to our exploratory take on the subject, serving as a starting point for a more sustained future research agenda. Thus, the present paper is fundamentally conceptual in nature and agenda-setting in ambition, using the prism of the Swiss response to COVID-19 as a way to develop a possible analytical framework for a more comprehensive, truly empirical and comparative future engagement with the intertwined spatialities of risk and crisis management in the fields of health and safety, and beyond.

Further pursuing a series of previous engagements with the spatial logics of control and surveillance in the present-day world (Klauser, 2013, 2017), this approach adds a more systematic 'spatial curiosity' to existing literatures in crisis management in general (Boin et al., 2013; Dalakoglou, 2016; Triandafyllidou, 2018), and in relation to the study of COVID-19 more specifically. Regarding the latter, scholars have portrayed COVID-19 as a 'creeping crisis' (Boin, Ekengren, et al., 2020, p. 116), which brings together a large variety of local, national and transnational actors, whose positions are defined by both converging and conflicting interests and concerns. Thus, the policy response to COVID-19 has been approached in both its transnational dimensions (Boin, Ekengren, et al., 2020) and in its local and national dynamics (Boin, Lodge, et al., 2020). This has provided an initial understanding of the cross-scalar, spatially anchored and articulated logics of intervention and control in the fight against COVID-19.

Yet despite these important insights, there is to date no systematic study of the associations and outcomes—in the search for the right balance between openness and enclosure—of differing spatial logics of intervention and control dealing with infectious disease. This paper fills this lacuna, starting from the theoretical premise that techniques of risk management and control relate to, focus on and project themselves into space, become inscribed there, and in the process contribute to the very production of the spaces concerned. In turn, space contributes in many ways and on many levels to the functioning and impacts of power and control. Applied to the case of infectious disease, if we are to understand how specific forms and techniques of closure and control function and impact upon everyday life, we must study critically also their spatial dimensions and logics. This is exactly what the present discussion starts to do.

2 | BORDER AND ACCESS CONTROL

A first spatial logic of power and control that shapes the response to pandemic disease, as in the case of COVID-19, is that of 'border and access control'. Naturally, relevant literatures place centrally the role of airports in the resulting 'regimes of sanitary border control' (Budd, Bell, et al., 2011, p. 276). The techniques of control and filtering discussed range from medical inspections (Wiebe, 2009) and traveller screening for emerging pathogens (Adey, 2009; Gostic et al., 2015; Lyon, 2006; Salter, 2007; Warren et al., 2010) to the introduction of additional tools

for passage authorization, such as vaccination certificates (Budd et al., 2009).

In the fight against COVID-19 in Switzerland, such control measures played an important role. Arriving in Switzerland, passengers had to fill in a traceability sheet so that they could be contacted if there were any infectious travellers on their planes (Geneva Airport, 2020). At Zurich Airport, more specifically, capacities for rapid COVID testing were extended substantially in late November 2020, in response to the requirement of a negative test result for certain destinations (Zurich Airport, 2020). Furthermore, flights arriving from specific destinations could be banned, as seen just before Christmas 2020, when Switzerland was among a wide range of European countries that established a ban for incoming flights from the United Kingdom, in response to the more contagious coronavirus mutation that was detected in the United Kingdom and South Africa (Swissinfo, 2020b). Aiming to avoid such rigid measures, the World Health Organization (WHO) was reported on December 3, 2020, to study the future possibility of a required e-vaccination certificate for international travel authorisation at airports (Swissinfo, 2020a).

Moving beyond airports, scholars have also explored the modalities, efficiency and implications of the filtering and screening of mobilities at other border crossing points, both along the external state border and within the national territory (Amoore & Hall, 2009). In all these studies, the maintenance of public health is approached as a combined problematic of closure and accessibility and set in relation to the regulation of flows of people and objects that are crossing different kinds of borderlines at particular points in space. Again, there are many related examples to be found in the fight against COVID-19 in Switzerland. These range from entrance checks, tracking of patients and the restriction of visitors (with specific exceptions) at hospitals and homes for elderly people (Spitalzentrum Biel, 2021; Wehrli, 2020; Woodtli, 2020) to the use of thermic cameras for access control to football stadia (Aptex, 2020) and political rallies (Aptex, 2020), and from the controlled access to enclosed ski resorts or residential areas (Sauer, 2020), to increased efforts of monitoring and filtering international mobilities at the country's external border (Wolfe, 2020). One particularly striking example in this respect was the closing of the Swiss national border in March 2020. As a partner in the Schengen treaty with most of the members of the European Union, this measure was indeed exceptional. Yet there was also a more differentiated and flexible element to it. Access to Switzerland was still permitted for those who worked and lived in the country, who needed to travel through it or whose visit was of great necessity (Der Bundesrat, 2020).

These examples underline that from case to case and evolving over time, accessibility to various types of enclosed portions of space varied in degree and nature: from sporadic ID and health checks to more or less hermetic forms of closure. Thus, in the fight against COVID-19, a wide range of spatially articulated borders and access controls were set up, structuring both urban and rural space into a patchwork of more or less hermetically enclosed and tightly access-controlled 'security bubbles' (Klauser, 2010), which were supported by advanced surveillance technologies and increased numbers of security personnel.

There are three lessons to highlight from this. The first lesson is one of geographical scale. From the perspective of disease containment, the distinction between interstate border control and the monitoring of spatially more diffuse separations and access points is fundamentally blurred (Bingham et al., 2008; Hinchliffe et al., 2013; Vaughan-Williams, 2010; Warren, 2013). Thus, 'sanitary borders' (Budd, Bell, et al., 2011, p. 268) are not to be understood exclusively as geographical lines and filters between states but, rather, as interoperable assemblages of control technologies strung out across the world's infrastructures, circulations, cities and bodies (Franzén, 2001; Graham, 2010, p. 132). This implies a spatial logic of control in which verification, identification and authorization become ever more flexible and ubiquitous in space (Aas, 2005).

The second lesson to highlight is that closure and separation always also imply some degree of access control and, thus, mobility. As Opitz (2016, p. 277) puts it, 'within the contemporary context of the "new virologies of globalisation" [...] both screening and quarantine configure different degrees of mobility and immobility'. Mirroring Foucault's conception of 'apparatuses of security' (Foucault, 2007a), the challenge of closure and border control is to also allow access to take place, based on the differentiation between various types of inflows. Unwanted inflows are singled out and prevented from entering, while 'good' inflows are facilitated and accelerated (e.g., the mobility of emergency services, health professionals, food and medication, etc.).

The third lesson to note relates to the social implications of border and access control. Academic and socio-political debates have highlighted a range of critical issues connected with border and access control, from the loss of civil rights to problems of social and spatial justice. Furthermore, border and access control have been studied not only in relation to how they affect social life in secluded places but also with regard to their resulting implications for the remaining outside space. As Bashford (2007, p. 2) notes in relation to the geopolitics of infectious disease, 'the politics of disease control concerns the governance of this side, and crucially that side, of the border'. Ultimately, this then raises questions of how border and access control affect individuals' relationships to the spaces in which they live, to other people and social groups, but also to themselves. With regard to the latter, there are compelling arguments that governing public health produces increasingly 'neurotic' and 'accidental' citizens (Isin, 2004; Nyers, 2006). Thus we can distil an overall sensitivity from these literatures for the consideration of the wider rationales behind and implications of the ways in which differing degrees of openness and closure were and still are being negotiated and implemented in the context of COVID-19.

3 | MANAGEMENT OF PEOPLE AND OBJECTS ON THE MOVE

A second spatial logic of control conveyed in response to pandemic disease revolves around the question of how—and to what effect—multilayered 'surveillant assemblages' (Haggerty & Ericson, 2000,

p. 605) coalesce around people and objects on the move (Martin, 2012). Two approaches are worth highlighting in particular.

First, existing work not only shows that infectious disease is likely to spread along transportation networks (Aaltola, 2012; Bowen & Laroe, 2006; Pavia, 2007), especially between interconnected cities (Ali & Keil, 2006, 2008; Gushulak & MacPherson, 2000) but also highlights that the outbreak of disease can be monitored along those very same lines (Bell et al., 2012; Ingram, 2010). Examples range from the observation of specific risk populations on public transport networks or passengers on cruise ships (Neri et al., 2008) to the management of risky food chains in the context of animal disease (Donaldson, 2008; Donaldson & Wood, 2004). Regarding COVID-19, consider the particularly striking example of the Diamond Princess cruise ship, on which a virus outbreak had been detected and whose passengers were confined on the ship until the danger was detained. Yet before the ship was quarantined in Japan, it still had made six stops in three different countries (Moriarty et al., 2020). The example illustrates not only how mobility can be a risk in the spread of disease, but also how mobile spaces such as cruise ships are used to contain the further transportation of the virus. In relation to food supply chains, the effects of COVID-19 and the subsequent efforts of control imposed on the labour forces of the producers, transport companies and local distributors were dramatic, also in Switzerland (OECD, 2020).

This raises the question of how exactly public health relates to the management of differing means and infrastructures of transport. Rather than stopping mobility completely and separating spaces hermetically, the aim of control here is to channel circulations and manage connections along the very circuits where people and objects circulate. As Kittelsen (2007, p. 121) emphasizes, 'in effectively confronting the challenge of infectious disease to the region, Europe needs to be understood less as a territorially bounded space, and more as a dynamic and fluid one, constituting a node within broader interdependent systems of circulation'. Regarding the fight against COVID in Switzerland, more specifically, a very similar logic could be found. At no moment, was the Swiss railway or any other public transport system shut down completely during the unfolding pandemic. Instead, the national railway company implemented a range of protective measures, such as an obligation to wear masks, free disinfection distributors in the stations and the pledge to respect distances between travellers. Furthermore, the number of operating trains was reduced, and when in November 2020 the Swiss government restricted the opening hours of restaurants and bars, the offer of local nightline buses and trains was also reduced (SBB, 2020). The rationale was to keep people on the move, within a bandwidth of the acceptable, while also imposing a range of more or less flexible restrictions and control measures (Hotelrevue, 2020).

What matters in this logic of control is guiding, containing and monitoring flows of people and objects along predefined routes and through flexible gateways, while also checking bodies, belongings and behaviours (Jones, 2009, p. 81). Along these lines and points of control, some flows may be interrupted, whereas others may be simply surveyed. Thus, response to a disease outbreak also appears

as a 'programme of government of movement' (Côté-Boucher, 2008, p. 144), from passage point to passage point, from security zone to security zone. The emerging system of conductive lines complements border and access control, which highlights in turn that the logics of control relating to closure and mobility are not necessarily antagonistic, but can also reinforce and embody each other.

Second, much attention has been paid, especially in the case of COVID-19, to the possibilities of data usage from mobile phones and other IT devices for the management of people and/or objects in their mobility across extended portions of space. By way of example, consider Google's release of the anonymized mobility data of its users –not only, but also in Switzerland–, thus displaying, on a cantonal and national level, how gatherings of people in public parks, train stations or shopping malls evolved during the pandemic (Stark, 2020). In addition, the country's telecommunication company Swisscom was mandated by the Federal Office of Public Health to identify and map zones of increased density of people, such as public squares, parks and promenades, in which more than 20 mobile phone cards were located within 100 square meters. The aim was to control if and where the lockdown measures were not respected. Despite the government's assurance that the data was fully anonymized and not transmitted in real time, the measure raised important concern about privacy and data security (Seydtaghia, 2020).

Yet, of course, digitized mobility management had been used already before COVID-19 in the fight against unfolding pandemics (Fisher & Monahan, 2008). For example, as Cinnamon et al. (2016, p. 262) note with regard to the Ebola and Zika virus outbreaks, the 'potential value (of call detail records) for understanding population characteristics and dynamics in time-sensitive situations is unparalleled'. On a macroscale, Peckham and Sinha (2017) discuss the use of satellite imagery for tracking and mapping Ebola hotspots across African countries.

Studies have also explored the role of social media in emergency and crisis response in general (Boersma et al., 2016; Wukich, 2015) and more specifically the possibilities of self-tracking and clinical monitoring derived from health apps on smartphones and other portable 'healthwear', such as tracking bracelets or smartwatches (Bauer & Olsén, 2009; Bushko, 2005; Klauser & Albrechtshund, 2014). Such devices work through the continuous localization and regulation of people on the move. What matters is the management of openness and fluidity, rather than the fixing and enclosing of particular places or people (Monahan & Mokos, 2013). In the fight against COVID-19, Switzerland developed its own tracking app, as did many other countries, 'to contain the spread of the new coronavirus' and to complement the regular and manual contact tracing efforts (FOPH, 2020). Since its launch in June 2020, approximately 3 million people have downloaded the app and almost 2 million apps were active on January 18, 2021, meaning that about 21% of the cellphone users in Switzerland use the app (Thier, 2020).

Here, control is exercised and set in relation to health management via mobility itself. This opens a more nuanced approach to the problematic of openness versus closure in the context of COVID-19, which conceives the two aspects as not necessarily opposed, but as entangled in

both tension and mutual enhancement. Thus, from a COVID-19 perspective, attention must be paid to how governing public health not only works against but also by and through mobility and circulation.

4 | INTERNAL ORGANIZATION AND MONITORING OF SPATIAL ENCLAVES

Most of the aforementioned literatures and debates ignore how particular techniques of control relate to and permeate monitored places and buildings themselves (hospitals, enclosed residential areas, quarantined hotels, high-risk buildings). For example, transport nodes such as airports and railway stations are studied almost exclusively as filtering and screening points for the procession of risky mobilities, without according the same type of attention to the internal structuring and monitoring of these places as secured zones in their own right. The third broad spatial logic of control thus relates to the internal organization and monitoring of spatial enclaves themselves.

Michel Foucault's discussion of the imbrications of architecture and control in hospitals serves as a useful historic entry point to this problematic (Foucault, 2007b). It shows how the hospital became organized according to the need to manage multiplicities of patients through techniques of individualization and control. This study is pushed further in Fisher's (2006) and Fisher and Monahan's (2008) investigation of real-time location systems in the hospital sector. The authors insist on the potential of such systems for the electronic tagging of assets, tracking inventories, identifying patients and managing personnel, but they also highlight their actual shortcomings, due to technical failures, architectural limitations or organizational and practical issues (Monahan & Fisher, 2011). This shows that techniques of control must always be studied in their actual usage within specific forms of social practice and organization (chains of command, accounting procedures, etc.) (Latour, 1994, p. 59) and not as isolated solutions on their own.

Moving beyond the example of hospitals, research has also been conducted with regard to the health-related internal organization and monitoring of airports (Budd, Bell, et al., 2011; Klauser et al., 2008; Ali & Keil, 2009; Budd, Warren, et al., 2011), psychiatric hospitals (Meyer et al., 2012), into the internal logics of quarantined areas (Gensini et al., 2004) and other spaces of containment more generally (Parry, 2012).

In Switzerland, many such attempts of internal organization and monitoring of spatial enclaves could be observed in the context of COVID-19. Examples include supermarkets (electronic surveillance and counting of clients, combined with ground marks and closed-off perimeters), bars and restaurants (registration apps, repositioned furniture, closed off facilities, limited services) and educational spaces, from primary schools to universities. Regarding the latter, consider the example of Neuchâtel University, which combined an electronic system of QR code scanning in its seminar rooms and lecture theatres for student registration with more physical measures such as banned seats and repositioned furniture, masks and ground marks to channel flows of students (UniNE, 2020).

Furthermore, also think of the internal monitoring and organization of homes for elderly people. For example, the association for elderly care in the upper Fricktal in Switzerland's northeast started to give out smartwatches to the home's inhabitants and staff, to which visitors could log in via a self-developed app, so that the directory of the home would be able to understand who was where, how long and in contact with whom. In case of a disease outbreak, contact chains could be traced and the respective places and people put under quarantine (Wehrli, 2020).

More controversially still, one of Switzerland's most powerful media companies Tamedia mandated Swisstraffic AG to use cameras with IR algorithms in the train stations of Bern, Lausanne and Zurich to count the number of people with and without masks (Bützenberger, 2020). Although the company insisted that no facial recognition technology was used and that there was no need of data storage as the algorithms transmitted the counting in real time, the unprecedented deployment of 'smart' CCTV cameras in Swiss stations raised major legal questions about privacy and personal integrity.

Together, these examples and aforementioned literatures emphasize that it is important to also study how particular micro spaces are themselves internally organized and monitored if we are to grasp fully how logics of control in the context of pandemic disease combine needs for openness and closure. Yet, in such microgeographical studies, the wider picture with regard to the control of intra- or interurban mobilities and national border closures should not be lost. For this reason, it is important to bring this study direction into explicit dialogue with the previously outlined perspectives.

5 | CONCLUSION

The three spatial logics of control discussed above are not mutually exclusive. Many studies mentioned and examples given touch on various spatial logics and scales of control in public health policy. For example, Jones' (2009) analysis of 'checkpoint security' and Hinchliffe et al.'s (2013) work on the topologies of control of infectious disease powerfully combine the 'border/access control' and 'mobility management on the move' dimensions. However, both Jones and Hinchliffe overlook how specific quarantines are organized and monitored internally. In turn, many studies dealing with sanitary borders and 'epidemic spaces' (Loon, 2005, p. 39) emphasize both the controlled access to, and internal control of secluded zones, but do not consider how flows of people and objects are monitored, channelled and filtered in between enclosed places. There is to date no empirically grounded, systematic study of the associations and outcomes—in the search for the right balance between openness and closure—of differing spatial logics of control dealing with infectious disease. The present discussion invites a more sustained research agenda to fill this lacuna, starting from the premise that the ways in which pandemic response balances needs for openness and closure can only be fully grasped when the three research directions are brought together.

Importantly, such a research agenda has to place centrally the question of power: As argued, the policy response to a pandemic such as COVID-19 must be understood not as a straightforward matter of rigid restriction and closure, but as a multi-layered and flexible system of monitored separations and connections. The hereby produced degrees of openness and closure result from manifold micronegotiations and compromises, bringing together all kinds of public and private, locally, nationally and transnationally operating stakeholders. Thus, critical attention must be paid to the interests, motivations and needs of these actors, which, in their interactions, mediate the spatial articulations of the measures of control deployed, their modalities and, consequently, their implications on everyday social life.

More specifically, we propose a research agenda that focuses on three broad levels of enquiry: (1) the policy-making level, on which decisions about openness and closure are being conceived, negotiated and taken, thus drawing the line between cutting and maintaining civil rights and liberties in the fight against pandemics, (2) the executive level, on which the political decisions are executed, controlled and sanctioned and (3) the citizen level, on which the measures are perceived and lived on an everyday basis.

Regarding the first level, a close and critical look at the actor-networks in the decision-making processes is of crucial importance. More specifically, in a time in which science seems to get under threat in different political and societal milieus, research should look into the influence of scientists and their respective disciplines upon the decisions taken by politicians that so directly influence the life of so many. Concretely, in Switzerland, the clashes between the Swiss government and some scientists of the scientific COVID task-force are a powerful example at hand (SRF, 2021).

Regarding the second level, which focuses on those actors that execute, control and sanction, we think especially about street level police officers who have to make sure that the population is following the rules. In Switzerland, the police had to dissolve different gatherings of people in front of bars and in other public and private contexts (Voss, 2020). How do police officers deal with the task to protect themselves from the virus and, at the same time, work on manifestations and protests against the measures on the streets? What other mechanisms and actors of control are operating in times of a pandemic?

Regarding the third level, on which the perspective of citizens is taken into account, studies should ask how nurses, doctors and care staff cope with being at the forefront of fighting COVID-19 in spatial enclaves like hospitals? What kind of imbalances, injustices and problems arise through the confinement measures for those who live in precarious housing projects, for people without homes or for families without the capability of homeschooling and with difficult and abusive interpersonal relationships? What about the racial and gender imbalances that have become even more visible in the different stages of the pandemic, with more Afro-Americans dying from COVID-19 in the United States and more women with their careers at halt (Neuman, 2020; Weber & Fuhrmans, 2020)?

Such a critical engagement with the manifest and latent forces that shape the functioning and implications of outbreak response to pandemic

disease is all the more important if we consider the possibility that many of the deployed systems and logics of control, and thus the resulting degrees of openness and closure, might indeed remain in place and affect social life far beyond the pandemic. This 'security legacy' of outbreak response raises all the more fundamental questions with regard to the proportionality, adequateness and social acceptability of the implanted control measures. If we are to tackle these, questions around power and space must be placed centrally. Indeed, with the 'spatial curiosity' advanced in the present paper, we hope to contribute a perspective and framework for the study of how measures of restriction and control in pandemic response shape everyday life not only during, but also after the pandemic itself.

While we finish this paper amidst a rapid spread of new COVID-19 mutations and newly established lockdown measures in Switzerland and across many other countries in Europe and throughout the world, a thorough social-scientific engagement with the above-mentioned issues and levels of analysis appears to be more important than ever, so as to better understand the current crisis, to diminish its long-term negative effects, and to learn and improve for future sanitary challenges.

ACKNOWLEDGEMENTS

Open access funding provided by Universite de Neuchatel.

DATA AVAILABILITY STATEMENT

The paper is not empirically based.

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How to cite this article: Klauser, F., & Pauschinger, D. (2022). Searching for the right balance between openness and closure: Spatial logics of crisis management and control in the policy response to pandemic disease such as COVID-19. *J Contingencies and Crisis Management*, 30, 32–40. <https://doi.org/10.1111/jccm.12392>