Europe closes borders and Israel opens surveillance: COVID-19 aka Corona Virus

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Introduction

Every state has its own way to prevent people from coming into contact with each other to prevent the spread of virus. Some states close borders and impose curfew on **all** people. Other states open surveillance to determine who has come into contact with those infected and so only place **some** people in isolation. Both methods have ramifications on the privacy, liberty and freedom of people in democracies.

The two methods above are very important because the COVID-19 aka Corona Virus cannot be treated and there isn't a vaccine. The acceptable medical procedure adopted is to isolate those infected or potentially infected to limit the spread. The virus can also live on surface areas eg parcels or post for up to 72 hours.[1]

COVID-19 requires physical closeness to be transmitted. Since 31 December 2019 and as of 18 March 2020, worldwide 194909 cases of COVID-19 (also known as Corona Virus) have been reported, including 7876 deaths (in accordance with the applied case definitions and testing strategies in the affected countries).[2]

This paper continues with some facts and figures about two methods of reducing physical contact, that of Europe and Israel, and then some initial thoughts on privacy, liberty and freedom of people in democracies during a global pandemic.

Europe closes borders

Different European Union (EU) states have closed their borders partially and then fully in attempts to curtail the spread of COVID-19. And progressively, for example in Italy and Spain, imposed on **all** people to remain in their own homes. This enforced by state security and police forces. They have followed examples of doing so by China and other Asian states. The infection was first identified and allegedly originated in China late December 2019 and after that Asia was the focal point of the virus and the means to isolate it.[3]

Now, on 18 March 2020. Europe is the focal point as global travel has infected the world to the level of a global pandemic. As of 18 March 2020 cases have been reported on the following countries on the

European continent[4]**:** Italy (31506), Spain (11178), France (7730), Germany (7156), Switzerland (2650), United Kingdom (1950), Netherlands (1705), Austria (1332), Norway (1308), Belgium (1243), Sweden (1167), Denmark (1024), Portugal (448), Czech Republic (434), Greece (387), Finland (319), Ireland (292), Slovenia (275), Iceland (247), Poland (238), Estonia (225), Romania (217), Luxembourg (140), Russia (114), San Marino (104), Turkey (98), Slovakia (97), Bulgaria (81), Armenia (78), Serbia (72), Croatia (69), Latvia (61), Albania (55), Hungary (50), Cyprus (40), Malta (38), Belarus (36), Georgia (34), North Macedonia (31), Moldova (30), Azerbaijan (28), Lithuania (25), Bosnia and Herzegovina (21), Kosovo (19), Andorra (14), Ukraine (14), Monaco (9), Liechtenstein (7), Montenegro (2) and Holy See (1).

The issue is that the basic principles of the European Union include the free movement of people, goods, services and technology. Europe after the Second World War and more so after the end of the Cold War is built on the idea of linking society and people by stripping away state borders. And granting people across the EU more rights than their own states have given them. But in less than a few weeks, COVID-19 has led the political leaders in the EU and its member states to reimpose hard frontiers and to prevent the free movement of people and goods.

The question is whether or not the closure of **all** state borders and imposed curfews on **all** people is the correct medical solution. And if not whether these moves will have catastrophic implications on privacy, democracy and the European Union.

Such questions are sparked by the dramatic decision on Tuesday 17 March 2020 by political leaders of European countries that are part of the Schengen free-movement zone.[5] They agreed to shut **all** their external borders to most nonresidents for the first time ever. It is more than the movement of people because trade will be affected. Europe's countries are not self-sufficient. No EU state manufactures or grows everything it needs. There will be shortages that could be catastrophic both in shops and in medical supplies. Trucks are now waiting at what was once open internal borders in the EU.

Significantly the closure of **all** national state borders and curfews challenge the European Union's basic model. And that of democracy. When the global pandemic has resided, it will be important to examine why national states made the decision regarding **all** their state borders. Surely, from a medical perspective the decision should have been on a regional or local level even if these were adjacent and straddled different states? Surely the decision should have been medical and not political?

Questions need to be asked, why medical surveys weren't undertaken in the whole European Union to define and determine where the infected regional and local regions were. And to isolate those even if the region was on both sides of a state border! And why to close **all** state borders?

Israel opens surveillance

Yet, the most effect methodology to undertake such medical surveys may pose even more devastating questions and ramifications on privacy, liberty and freedom of people in democracies during a global pandemic. Israel for example has also progressively partially closed its borders to travel in an attempt to limit the spread of COVID-19. But this hasn't been enough. On 18 March 2020 the Israeli ministry of health reported cases had risen to 427 and would continue to rise.[6]

Instead of totally closing **all** its borders and imposing a curfew on **all** people, that would destroy its economy, Israel passed an emergency law to use mobile phone data for tracking people infected with

COVID-19. The objective been to identify and quarantine others they have come into contact with and may have infected. To purpose is to inform **some** people that they must go into **self-imposed** quarantine for 14 days.

However, the emergency law was passed during an overnight sitting of the cabinet on Sunday 15 March 2020, to authorize Israel's Shin Bet security service, and bypassed parliamentary approval. The next day, on Monday 16 March an Israeli parliamentary subcommittee on intelligence and secret services discussed this option of surveillance but declined to vote arguing more time was needed to assess it.[7]

Such phone surveillance, could set a dangerous precedent for civil liberties to monitor citizens' movements. The consequences are that citizens' smartphones could be a tool of mass surveillance and targeted containment. So, such intrusive measures might result in people leaving their phones at home even during emergencies and pandemics.

Conclusions

The COVID-19 aka Corona Virus has seen the need to restrict the physical contact between people to limit its spread and prevent infection. There is no doubt, that this will save lives. There is no doubt that the medical evidence shows that this is not an air or water borne virus. It requires physical contact. The problem is that people can be carriers of the virus and infect others, even when they don't show symptoms. Even blood tests may not show who is infected because it can take 7-14 days to appear in the blood. And there is no vaccine.

The quandary and the quagmire for the privacy, liberty and freedom of people in democracies is who, where, and how to ensure that physical contact is limited and that the COVID-19 aka Corona Virus is contained. One method shown by the European Union is to close borders and impose curfew on **all** people. Another method shown by Israel is to open surveillance to determine who has come into contact with those infected and only place **some** people in isolation. Only time will tell which is more effective medically, yet both methods will have ramifications on the privacy, liberty and freedom of people in democracies.

Sources:

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