**Remote Control of ‘Unhealthy’ Bodies: Uncovering the Origins of Externalization**

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Remote controls have multiple origins around health, security, and deterrence of irregular migrants and asylum seekers. Over time, controls accrete and are deployed for new purposes. This presentation reconstructs the remote controls of migration based on health restrictions using 1) sanitary passports, 2) pre-embarkation inspections, and 3) quarantine in liminal “barbican” spaces. Many of the earliest forms of international cooperation around health included remote control using sanitary passports issued in advance of travel. At the same time, the US government sanctioned passenger shipping companies if they transported inadmissible passengers, thus pushing migration control to ports of embarkation in Europe and Asia though a process of de facto deputization. A mix of embarkation state authorities, disembarkation state liaison officers, and private actors screened intending migrants for disease according to US regulations before they left the docks abroad. Less scrutiny for the wealthy took place at the same time as enhanced scrutiny for the poor. In addition to transatlantic and transpacific remote controls, the United States made Canada a buffer state for U.S.-bound passengers arriving at Canadian ports. The Covid-19 pandemic pushed remote control efforts abroad with new vigor in ways that sharply reduced international migration of all types, including flows of asylum seekers and resettled refugees. The ability of governments to accomplish this task so quickly was based on a latent infrastructure of remote control.