

**Fake COVID-19 Test Documentation**

**Research Study**

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## **Abstract**

In-depth interviews were conducted in January 2022 with 14 international travelers (7 male and 7 female) who have traveled to the United States of America during the first two years of the COVID-19 pandemic. Our main objective was to identify why these international travelers get fake COVID-19 test documentation to enter the United States of America. The results of the study discovered that the participants in the study used fake COVID-19 test documentation for various reasons. These are: 1) lack of time to take the test, 2) not wanting to pay for the test, 3) laziness to get tested, 4) lack of availability of testing centers in the countries they travel from. The research also shows that most of the people who have been interviewed are aware of health and legal risks that could be caused by falsifying a COVID-19 test certificate. We discuss limitations to the study and possible solutions to implement similar research in the future. As well, have been discussed possible solutions to mitigate and reduce this malpractice.

### **Literature Study: Fake COVID-19 Test Documentation**

Corona Virus Disease 19, also known as severe acute respiratory coronavirus-2 disease or coronavirus disease 2019, is an infectious respiratory disease caused by a virus called SARS-CoV-2 belonging to the coronavirus family (Alimohamadi et al., 2020). The first detected patient infected by the virus causing SARS-CoV-2 was found in Wuhan, China at the end of 2019, even if scientists believe that other people got it before but never received a test as long as SARS-CoV-2 was not discovered yet (LaFee, 2021). In the following weeks, the virus spread worldwide, and cases started to rise globally. According to the World Health Organization (2021) as of January 13th, 2022, worldwide, 315,345,967 people tested positive to Covid-19, which includes 5,510,174 deaths. Cases are keeping increasing globally due to the high infection rate of the virus and as well to its capacity to keep changing and generating new variants. Individuals who test positive for the virus can show mild symptoms while other patients can get seriously ill with the consequence to need to be hospitalized. The worst consequence of the virus is death which is mostly caused by the combination of getting infected and other previous pathologies that the patient was already suffering from. The consequences of exposure to the virus are also related to the age of the individual getting infected (Alimohamadi et al., 2020).

There is a direct correlation between the spread of the coronavirus globally and the movement of people worldwide. At the beginning of January 2020, some individuals who had recently traveled to China started to test positive to SARS-CoV-2 in Europe and the United States, just a few weeks after in all the other continents happened the same. In many countries, the first cases of patients positive to SARS-CoV-2 were directly related to recent air travelers. For example, the first patient to test positive in Mexico was an individual who had recently traveled to Italy (Lopez-Mejia, 2020). As a response, many countries around the globe started to

close borders and accept inbound travelers only if they were traveling for essential reasons, such as working, studying, or going back to the place where they reside. This measure was applied, with the objective to limit the importation of the virus from abroad and to concentrate on contact tracing to limit local spread. Trying to decrease cases was essential due to lack of knowledge about the virus, the lack of testing, and as well globally hospitals were not yet ready to manage a pandemic (Brumfiel, 2020). When the COVID-19 outbreak started limiting people's movements was seen as the only possible solution to limit contagion.

The most common medical test performed to detect coronavirus infection is the nasopharyngeal swab test. It is a non-invasive diagnostic procedure used to collect secretions and biological material from the nasopharynx and pharynx (Dittmer, 2021). Various types of analysis can be performed on this sample to search for microorganisms, such as bacteria and viruses. Coronavirus can also be detected through blood and saliva samples, but most of the possible infected individuals get their biological material collected with a swab in the nose, mouth, or throat, and then it gets analyzed. There are currently different tests available such as Polymeric Chain Reaction (PCR) test, rapid antigenic tests and, and many others. They have different response times and different accuracy but are all considered valid tools to identify positive individuals, and reduce the spread (Dittmer, 2021). Since the beginning of the COVID-19 pandemic, according to the World Health Organization, testing has been considered a key tool to reduce the spread by identifying infected individuals and isolating them from the community. In countries such as China, Singapore, New Zealand, Australia, and South Korea massive population Covid-19 testing has been performed to try to bring infections to zero (Fay, Cortez & Thomson, 2021).

During the second quarter of 2020, some countries that previously imposed travel restrictions started to re-open to in-bound travelers with the condition of them getting a COVID-19 test in the 72, 48, or even 24 hours prior to departure. On December 24th, 2020, President Donald Trump announced a proclamation about the Center for Disease Control and Prevention (CDC) requiring a negative Covid-19 test performed in the 72 hours before departure for all air travelers older than two years old entering from the United Kingdom (Center for Disease Control and Prevention, 2020). The requirement was then expanded with a new presidential proclamation to all international travelers starting January 26th, 2021 (Center for Disease Control and Prevention, 2021). With a new presidential proclamation, made by President Joe Biden, starting 12:01 am EST December 6, 2021, all air incoming passengers entering or transiting in the United States of America must show to their air carries a negative Covid-19 test performed during the 24 hours prior departure (Center for Disease Control and Prevention, 2021). The United States, as a condition to enter the country, accepts both Rapid Antigenic Tests and PCR tests. Not having a negative certificate of Covid-19 does not allow any passenger, including US citizens, to board a plane to the United States of America.

When the pandemic started, at the beginning of 2020, not many tests were available, especially due to a lack of laboratories having the correct equipment to process the samples and establish if an individual was infected or not. In many countries to determine if a person was infected, or not, the sample needed to be sent to a central governmental facility to get analyzed. In the United States for example, when COVID-19 first hit, all the biological samples were sent to the CDC laboratory in Atlanta, Georgia (Schumaker, 2021). In the United States of America, the Food and Drug Administration rapidly started to increase the number of tests authorized for emergency use with the goal to provide Americans a greater COVID-19 test availability. A

similar approach was adopted by many national health organizations worldwide with the objective to increase the possibility for citizens to get a COVID-19 test and therefore reduce the spread (Schumaker, 2021). Initially, testing was recommended for symptomatic individuals and close contacts, as long as, there were not enough tests to be provided also to general populations. When the production of COVID-19 tests increased, it started to be possible to make it easier for many individuals to get a test provided by the national health authorities or to purchase one (Alimohamadi et al., 2020). From a global point of view, testing availability changes depending on countries; in fact not in all nations everybody has easy access to testing.

The COVID-19 pandemic had a devastating economic impact, which has created big profits loss for many industries. For instance, the airline industry had to face big losses due to the lack of passengers traveling, especially internationally (Mazareanu, 2021). One of the main conditions stated by many countries to let people travel for leisure was to enforce strict COVID-19 protocols which included testing before departure and sometimes even on arrival. This decision was intended to help the economy restart by increasing profit opportunities for many industries and as well as to let people move freely around the globe again.

Since testing was enforced to travel globally cases of people using forged COVID-19 test documentation started to arise. There are various reasons, behind the decision made by an individual to use a fake document to travel. This malpractice is considered fraud by false representation, for instance is considered a crime and it can be sanctioned with fines or arrest (Peszat, 1996). Even if most individuals are aware of the illegality of traveling with a false COVID-19 test certificate there are many people doing it who are willing to take the risk. Many people around the world have been caught while using a false document certifying COVID-19 negativity, for example at beginning of 2021 in Paris at Charles de Gaulle Airport police

authorities arrested seven individuals carrying a total of 200 digital false COVID-19 certificates ready to be sold to passengers arriving at the airport without proper documentation (Etutu, 2021). Other individuals have been arrested as well in other European countries for the same reason.

Most of the travelers who need to get a COVID-19 test prior to departure need to pay for it, as long as most nations in the world do not offer free testing for travelers. In many airports, especially the ones with flights to destinations requiring a negative COVID-19 test certificate, testing is often available but prices tend to be high. The price change according to countries and providers with the consequence that not everybody can afford to get it. At the same time other individuals, even if they could afford it, are not willing to pay that amount of money to get a COVID-19 test. Getting a PCR COVID-19 test in Mumbai, India costs around \$8 while getting the same test purchased in Kansai, Japan costs \$404 (Skytrax, 2021). In general, getting a Rapid Antigen COVID-19 test is cheaper compared to a PCR test, but still, there are different prices around the world, for example in Mumbai, India it costs \$2 while in Helsinki, Finland a test costs \$214 (Skytrax, 2021). Prices change according to different locations making it harder to be affordable for many individuals, especially considering that there are people who need to travel for essential reasons, and not just for leisure.

In many countries, there is a lack of health infrastructure able to provide COVID-19 testing, which makes it difficult for most of the citizens, residents, or visitors of those nations to have access to testing before departure. Performing a PCR COVID-19 test requires expensive equipment such as RNA extraction kits and PCR machines, and as well as health care workers are able to operate that equipment. For example, since the beginning of the pandemic, the government of Nepal has been asking for international help and collaboration to fight the pandemic, similarly many other countries facing similar circumstances have claimed

international cooperation (Giri et al., 2020). People traveling from countries with low availability of COVID-19 testing, even if it is illegal, have decided to use a false COVID-19 certificate to travel as long as they were not able to find where to get a real one.

According to the law, in the United States of America, it is unlawful for any individual to falsify, alter or forge any document with the purpose of entering the country. It is also illegal to carry, receive or provide fake documentation (Penalties for Document Fraud Act, 1996). A COVID-19 test certificate is considered among the documents required to enter the United States, so not providing it, or having a forged certificate, is considered unlawful. Individuals not obeying this law can face serious consequences, starting from a minimum of a \$250 fine all the way to deportation and visa cancellation (Penalties for Document Fraud Act, 1996). According to the Center for Disease Control and Prevention guidelines regarding international travelers entering the United States, the airline is the entity supposed to verify the validity of the COVID-19 test certificate (Center for Disease Control and Prevention, 2021). All travelers might be subjected to a second inspection requiring showing the certificate at the point of entry in the United States. If the person in charge of checking travel documentation for the airline establishes that the certificate is false, the traveler will be subjected to the legal consequences of the country where he is traveling from. While, if immigration authorities at the port of entry, find out that the COVID-19 certificate is forged, the traveler will be subjected to American immigration law (Center for Disease Control and Prevention, 2021).

Different studies have proven that a COVID-19 test can be inaccurate for different reasons. Diagnostic tests, in fact, can be erroneous. A false-positive COVID-19 tests result incorrectly classifies an individual as infected, resulting in unnecessary quarantine and contact tracking, while false-negative results are more dangerous since infected people, even if they are

asymptomatic, are not always isolated and can infect others (Woloshin et al., 2020). Even if the Food and Drug Administration is trying to grant emergency use authorizations only for tests with a high level of accuracy, there are still cases of people getting false results. The not 100% accuracy of testing leads some people to think and to consider the unnecessary of taking a COVID-19 test. Even if it is scientifically proven that there are at the moment no tests available providing a 100% accurate result, all the tests approved have high sensitivity. Among the population, there are individuals considering SARS-CoV-2 as flu, others who deny its existence, and many who prefer to do not to get a test to avoid the risk of losing their job or to isolate from the community. All these factors have pushed many individuals in refusing to take a COVID-19 test with possible negative consequences for all the community (Carroll, 2020). The fewer people care about COVID-19, the less likely they are to believe and take a diagnostic test to find out if they are infected, this can directly reflect on testing before traveling.

This study has been conducted with the purpose of better understanding the reasons pushing people to use fake COVID-19 test certificates to enter the United States of America. This research aims to understand the reasons behind this malpractice especially by considering the worldwide awareness about SARS-CoV-2 risks and its high infectiveness rates. All people interviewed have been questioned about their awareness and knowledge regarding the health and legal risks that they could face due to the action that they decided to take.

This research has been based on the conduction of 14 in-depth interviews among individuals who have traveled to the United States of America since COVID-19 testing requirements were enforced and have decided to break the law by getting a false COVID-19 test certificate. The purpose of this study, starting from the analysis of the population interviewed is to better understand, the reasons, pushing many in-bound travelers to commit the malpractice of

using a fraudulent certificate rather than getting a proper COVID-19 test prior to departure. From the results obtained it is possible to have a wider overview of a larger set of the population opting for using false certificates rather than getting a COVID-19 test before departing to the United States of America.

## **Methods**

During January of 2022, three undergraduate researchers conducted fourteen in-depth interviews in-person and through phone calls. The participants were all international travelers who needed to enter the United States with the results of COVID-19 tests and decided to get a fake results document.

Two members of the research team recruited five participants and one got four participants, adding up to a total of fourteen participants (seven women and seven men). Every participant was between the ages of 18 to 41. All of these people were selected for the study because they were part of our target sampling population: international travelers who entered the United States who got fake COVID-19 test documentation.

We began the recruiting process by reaching out to friends, family, and classmates and asking them if they or anyone they knew had gotten one of these fake documents. One surprising aspect of this process was that the majority of the people who did fit the criteria seemed excited to share their thoughts about why they decided to get a fake document.

The two recruitment methods used were purposive sampling, which was our first method, and then snowball sampling. Purposive sampling was our first method because it helped us get in touch with people we already had a connection to, making it easier for us to form a better

connection with participants during the interview because of the sense of familiarity in the room. Snowball sampling helped us reach others who took the same path as our original participants.

In-depth interviews were selected because they help the researchers pay attention fully and with all their senses to the participants they interview. Interviewers are able to get participants to get excited about sharing their insights, hence feeding valuable content to the purpose of the study (DeJonckheere & Vaughn, 2019). This way, through the use of a semi-structured dialogue, information-rich interviews took place.

Individuals that were excluded from the study were people who did not travel in the past two years into the United States, people under the age of 18, and people who did not fake their COVID-19 exam results. Other groups of people excluded were vulnerable populations such as pregnant women and prisoners.

As mentioned, we conducted semi-structured interviews to have a conversation that would flow naturally while still meeting the purpose of our study. The name of the participants was not stated throughout the study with the goal to protect their privacy; instead, they were assigned a letter and a number according to the member of the team who made the interview (example: G1, N2, T3 etcetera).

Probes were used to extend the conversation to get more information about the thoughts and feelings that participants experienced throughout the process related to getting this false document. Open-ended questions were used during this qualitative research interview so that we could get a better and more personalized insight into the participants' minds and opinions related to the purpose of the study. The six questions, which are open-ended, that interviewers managed to make interviewers answer were the following:

## Interview Questions

1. Why did you get fake COVID documentation for traveling?
2. Describe to me the experience of getting this document
3. Could you describe how accessible it was to get these documents?
4. Could you tell me about how common it is getting these documents where you come from?
5. Describe to me the feelings you got when you are told you need to get tested for COVID-19 for travel purposes
6. Describe to me what your thoughts and feelings would be if you are required to take a COVID-19 test again in the future

In Appendix A, a report of the demographics of our fifteen participants is expressed in a total of five categories: Gender, Marital Status, Age, Permanent US Residency, and Continent of Origin. Our gender division is almost evenly distributed purposefully because we want an equal representation of the genders in the results for them to reflect our target entirely. Only two of our participants were married, while the other thirteen were not. The majority (11) of our participants were undergraduate students between the ages of 18 to 23. We had two results in the ages 24 to 29, no results from the ages 30 to 35, and two results in ages 36 to 41. Four of our participants were permanent United States residents, while eleven were foreigners. The continent of origin the majority of participants was Europe (6). Four of our participants were from North America and four were from South America.

### Appendix A: Members's Participants Demographic Divisions

	<b>N</b>	<b>G</b>	<b>T</b>	<b>Total</b>
<b>Gender</b>				
Female	N1, N3, N5	G2, G4	T4, T5	<b>8</b>
Male	N2, N4	G1, G3, G5	T1, T2, T3	<b>7</b>
<b>Martial Status</b>				
Married	N1	G2		<b>2</b>
Non-married	N2, N3, N4, N5	G1, G3, G4, G5	T1, T2, T3, T4, T5	<b>13</b>
<b>Age</b>				
18-24	N2, N3, N4, N5	G1, G4	T1, T2, T3, T4, T5	<b>11</b>
24-29		G3, G5		<b>2</b>
30-35				<b>0</b>
36-41	N1	G2		<b>2</b>
<b>US Resident</b>				
Yes	N5	G3	T1, T4	<b>4</b>
No	N1, N2, N3, N4	G1, G2, G4, G5	T2, T3, T5	<b>11</b>
<b>Continent of Origin</b>				
Europe		G1, G2, G4, G5	T2, T5	<b>6</b>
South America	N1, N2, N3, N4		T3	<b>4</b>
North America	N5	G3	T1, T4	<b>4</b>

The study came with both risks and benefits for participants. The benefits that participants would get from going through with the interview are to see an overview of how, how often, and why people avoid getting COVID-19 documentation. Participants will also get a deeper understanding of their thoughts on the falsification of these documents by having a chance to reflect upon their own and other people's actions.

A discomfort that we as researchers acknowledge that participants might have felt is that they discussed illegal activity and they need to trust that we will keep their interview confidential. Having purposive sampling might have helped ease this discomfort because the people who we were interviewing were people that were already familiarized with who their interviewer was. The consent document formalized this unsaid trust.

There are also various risks that were informed to the participants before beginning the interview. These risks are social, legal, and economic. The social risk related to this study is that people who disagree with the falsification of these test results could get upset. The legal risks are that authorities, both health and immigration, could get involved and punish participants for being involved in this illegal activity. Economical risks are that if authorities are involved, participants could be heavily fined for getting these test results. High risks come from leaking participants' information, that is why it is important that personal information such as their name or address was not written down or asked for when preparing the study.

The consent document that was given to each participant was sent via email or WhatsApp to participants who were interviewed on a call or physically for people who conducted in-person interviews. Twenty physical copies were printed for there to be sufficient copies. The consent form was illustrated verbally to the participants by giving them at the same time the possibility to read it by themselves. Individuals participating in the study agreed verbally about their consent. Participants have been only required to sign that they orally agreed to participate in the study. The members of the team engaged in the interview signed the form as well.

In the consent document, it is indicated that the purpose of the study is to find out why international travelers get fake COVID-19 test results when entering the United States during the pandemic period. The document also makes participants of the study understand that they are

expected to be truthful with their answers and provide a maximum of thirty minutes of their time for the interview to be completed. The consent form also states that the participants choose whether or not to participate in the study, and that there are no penalties or loss of benefits if participants do not want to participate. There will be no negative consequence for participants who decide to withdraw from the study and the number of a researcher is provided just in case participants have any further questions.

All of the data collected which included relevant details and direct answers to the questions were recorded in each interviewers' notes. These notes were later expanded to form sentences that are relevant to the rest of the team so that all researchers could have a better view of what was discovered in another person's interview.

Luckily, it was easy for the researchers to find the participants that fit the criteria for the study. Because two of the three researchers are not permanent United States residents who have a big pool of friends that are also international travelers like themselves, finding people who look for alternative methods to enter the United States is far from difficult.

## **Results**

With each member interviewing five people, a total of fifteen interviews were collected by the team. These people are called by their code names: N1, N2, N3, N4 N5 (which represent Nicole's participants) G1, G2, G3, G4, and G5 (represent Giovanni's), and T1, T2, T3, and T4 (represent Tobi's). As mentioned previously, this number was almost evenly distributed between men and women. Each team member had a different make-up of participants who fit in the five categories the team member created to classify participants in the subcategories.

The interviews successfully conducted both through phone calls and in-person, have shown different themes that relate to interviews conducted by different interviewers. These themes are COVID-19 Awareness, Fake Results are Easily Accessible, Collaborative Process, Lack of Testing Availability, Tests are too Expensive, Time Constraints, and Social Acceptance.

### **COVID-19 Awareness**

Some individuals that have participated in the study were fully aware of the risks of COVID-19 but still decided to get the fake COVID-19 test results rather than getting a proper test for their traveling activity. Some of these individuals have mentioned that the reason they ignored the risks and still continued to purchase or create a fake test was that they were sure they did not have the virus.

G1 has mentioned the following: “Next time traveling I would probably do the same, I know the risk of getting sick but in my country, a fake Covid test costs only \$10, a real one more than \$50”. G3 said, “I was lazy to go to find where to get a test, I know that is incorrect as long as I have relatives who got infected who have been hospitalized, but just making a false certificate was way easier to not do it”. T1 while talking about his thoughts regarding the pandemic and how tired he is getting about the following regulation, said, “When I got the fake COVID test, I didn't really care whether other people caught COVID because of me.” He explained that this is because he was completely sure that he did not have the virus. T3's motives for not caring about the spread and risks of Coronavirus were different from G1, G3, and T1. She was mainly thinking about her family rather than confronting the system, like G1. “I wanted to see my family so bad that the spread of Coronavirus and the hoops I had to jump through to simply get the COVID test was not worth it, so I found a loophole.”

### **Fake Results are Easily Accessible**

The participants have talked about how easily accessible it was for them to buy or create fake Coronavirus test certificates before their flights. This accessibility would act as an incentive for them to fulfill the necessary requirements for travel, illegally. The gap of accessibility between getting fake and real results can also relate to price and time themes later discussed in the study. Participants in this section describe getting the illicit results as being an “easy” process.

N1, when asked to describe how accessible getting the results was for her, she mentioned that the test was so accessible it was “as easy as buying a piece of gum”. She bought eight fake exams for her and her family’s trip to the United States and back along with everyone’s plane ticket. “The travel agency offered me the phone number of a person that sends the fake test results to your WhatsApp with your name in less than a day.” She mentioned she thought this whole process was “funny” explaining that no one can ever take authorities seriously. N3 also described the process as “easy” even though her way of acquiring her documents varied with N1’s. N3 said, “It was super easy to just photoshop someone else’s document and just change the name and the date. Now that I have the name I only need to move the numbers around in the date for next time.” She created her own test, as she mentioned, getting someone else’s document (which she later explained was her brother’s) and editing the date and her name (she did not even have to edit address or last name).

### **Collaborative Process**

The process of getting a fake Coronavirus exam certificate has presented a common theme that marks its presence in the great majority of interviews conducted by all team members. This theme is the collaborative process which refers to participants not going through all of this process, from the creation to the referral, of the falsification of the document alone.

T2 mentioned that he has "...shown people how to acquire fake COVID tests for themselves" using the information he acquired when he decided to pay another friend €20 to email him his fake results. N5 also paid a friend to create a document for her. "The fake tests were very accessible for me, I wouldn't know if they were for others but my friend charged me 100 bolivianos [\$14.50] for the test." And she printed it out and it even had a QR code that worked." G4 is another example of a participant who went to a friend for help to travel using this alternative solution. "At the beginning I was scared, I called one of my best friends, and she gave me a false certificate she made on Word [Microsoft Word]. Thankfully it worked and I was not questioned about its legitimacy at the airport."

### **Lack of Testing Availability**

Individuals participating in the study shared that in some locations there is almost no testing availability with the consequence of making getting a false COVID-19 certificate the best option to be able to travel. Some participants also discussed the lack of transportation or personal availability in order to take the tests. Also with the amount of technology that was available, a few of the participants felt that it was easier to forge the proper test documentation.

G3, who is a United States resident who was traveling back to the United States after spending the holidays in the Caribbean, shared his story about how hard it was getting a test when there is a lot of people trying to get one. "Omicron arrived, demand for testing increased and I was not able to get a test." He mentioned going to two testing facilities and both were full of people in lines with waiting times that exceeded two hours. At this point, he thought that waiting in line with that amount of people would be more dangerous than not taking the exam. This participant used a mobile app that is used to edit photos to modify a friend's exam. G3 got the inspiration of modifying the test this way on a popular social media platform, Snapchat. He

did feel remorse about doing so because when he arrived back in the United States he tested positive for COVID-19 and so did his family. Luckily neither he nor his family members had complications. G4 was also not able to get tested before her flight, even though at the beginning she had the intent to do so as well. “The airline told me that testing was available at the airport and that there was no need for an appointment. I got there and they told me that to get tested I needed to get an appointment. Not willing to lose my flight, a friend sent me a false COVID test.” The testing center at the airport was full of people, and they had changed their policy about appointments to handle all of the travelers trying to get their tests before departing.

### **Time Constraints**

Similar to the lack of testing availability, many participants experienced a lack of time to get the real results if they decided to get real tests. In both categories, we see participants that were technically able to take the tests and intended to do so at first but ended up taking a different route. In this pattern of time constraints, the participants forgot to take the test early enough to get the results. They could not get the real results on time so they decided to get fake ones.

N2 said that he “forgot to take the test one day before my flight and the results can take a day to come out so I made a friend edit his results so they could have my name and then just print it.” He was traveling to the United States after visiting his family in his home country, a country in which, according to him, corruption is extremely prominent in the way the country runs. He would not have time to get the results for the flight so he took the fastest way to get out of this inconvenience. G5 did remember to take the exam, in fact, he took the exam. The problem was that the results were not sent to him on time. “The testing provider told me that I would have received an email with results in the next forty-eight hours. I didn’t get it on time, I had to

purchase a false certificate online.” He found this certificate in Google, looking into blogs that had links that claimed to take the internet user to other websites where they could purchase the fake exam. He finally found a link that worked and he used that to get the test in a PDF format. He did mention that he felt scared of the legal consequences he could face if this information was divulged to authorities. N5, one of our two United States residents, had a very similar experience to N2’s. She also forgot to get tested and remembered the same day as her flight. “I completely forgot to get tested before the flight and I remembered the morning of the flight so I paid a friend that was traveling with me to edit her test so it could have my name and then print it out and bring it to me. If I would have taken the real test I would not have gotten it on time anyway.” She said that she sees traveling in general as a hassle because of all of the responsibilities that come with traveling abroad. Just like G5, she was scared of the consequences that could come if some form of authority, such as health or legal, found out. She N5 said that if she were to travel again, she would make sure that this would not happen again; she felt nervous all of the trip thinking about the consequences of getting the fake document. “I was thinking about how I could get fined plus get my friend in trouble if someone found out.”

### **Tests are too Expensive**

Participants on multiple occasions have mentioned that the real tests are too expensive while the fake results are extremely affordable. In some cases, the difference between real and fake has been greater than ten times the price. This theme has been recurrent in all of the team members’ responses, each team member having at least one mention in their interviews about the price.

The prices reported by participants vary, but there have been similarities in rates reported by participants that come from nearby areas. N4 and N3 both come from the same city and in

their interviews, both mentioned that the price for a fake COVID certificate is fifty bolivianos, which is the equivalent of \$7. N3, which ended up creating an exam herself for free said, “Why would I pay like \$100 if I could pay fifty bolivianos [\$7] for a fake test?” N4 also did not want to pay for the real test, but he did pay the fifty bolivianos instead of creating one for free. “The price was way too high and I didn’t have the money. My dad didn’t want to pay for the exam because he makes me pay anything related to going to college.” He took his own measures and began looking for exams by texting several friends in WhatsApp groups. “A guy in one of my group chats, who I don’t know very well, sent me the number of another guy who asked for fifty bolivianos [\$7] per test.”

Many participants, such as N5 above, have mentioned that they would not buy the fake certificate again because of the consequences that could come because of it. Others, such as G1 see the price as high enough to lure him into purchasing another fake test again, without paying attention to the risks. As G1 stated, “Next time traveling I would probably do the same [purchasing a fake certificate], I know the risk of getting sick but in my country, a fake Covid test costs only \$10, a real one more than \$50.” G2 had similar feelings towards the price of the test. “I just got my job back, £250 [for a real COVID test] to fly from the UK to the US is too much. It is better to pay £30 for a false form.” T3 so far was the participant who got the best deal from those who decided to purchase the exam. “I paid something like five thousand pesos [\$1.26] when the real Antigen test costs like \$80. I didn’t even give my friend the money I just bought him a burger.”

### **Social Acceptance**

In contrast with some of our common themes found above, where people felt remorse for getting a fake certificate, our least common pattern was social acceptance. Some participants

mentioned that getting a fake COVID-19 test would assist them in becoming more socially accepted. N3 said that “everyone does it” and participants T4 and T5 based a big part of their decision to get the fake test on other people’s opinions about Coronavirus.

T4 said that she did in fact have COVID-19 when she took the fake test. Instead of mentioning she wanted to get a fake negative to traveled, her first thought was to think about being isolated from society. “Having COVID is somewhat considered a thing that can isolate you for a matter of weeks from everyone you know. Like if you have COVID you can’t see your friends you know? And I was away from home for something like three weeks.” She continued mentioning that she had plans and the virus could mess up her social agenda. T5 was going back to college from a place in Europe where people are, as T5 mentioned, “covid-phobic”. She got tested and got a positive test result back. Her parents had been telling her to take care to not contract the virus because if she got it she would not be able to travel. “I had a fear of telling my family I had COVID, so I lied to keep that from happening.” She got her test results through a link that a friend of hers posted on social media.

### **Conclusion and application**

The results of the study showed that among international travelers seeking to enter the United States of America many individuals are deciding to use false COVID-19 test certificates for different reasons. For example, the participants discuss how limited the availability for a Covid-19 test was in the country they were traveling from, consequently, they had to seek alternative solutions to meet entry requirements. Especially people traveling for essential reasons such as studying or working had to get a fraudulent document in order to be able to travel and avoid facing possible negative consequences related to their school or job. Similarly, due to the

high demand for testing in different locations, some individuals face the issue of not getting back their results before their journey to the United States, therefore also these participants decided to use false COVID-19 certificates.

According to the results of the research, among the main reasons why there are individuals who decide to use fraudulent COVID-19 documentation, there is the issue of the price of a test. Getting a COVID-19 test can be cheap in some countries but get expensive in others. Many participants stated that they were not able to afford a proper COVID-19 test and therefore they decided to purchase or just generate a false certificate. Among the people that we have interviewed we found some individuals that even if they have the financial capability to afford to get a proper COVID-19 test, they preferred to save money and just get a false certificate. Results show that there is a difference between a real COVID-19 certificate and a fraudulent document that certify that an individual is currently not infected, therefore it has appeared that the fraudulent document can be almost 10 times cheaper compared to a proper COVID-19 test.

The study was also able to show social outcomes. Most of the participants stated that they are aware of the health risks of COVID-19 and that many people are getting sick because of it. At the same time, most of them were also aware of the legal consequences that they might face if caught by immigration authorities with a false COVID-19 test certificate while entering the United States. We were able to find and elaborate on this data by asking them if they would travel again in the future with false COVID-19 test documentation. Among participants, some individuals decided to do not to get a proper COVID-19 test for social acceptance, which means that they were scared to test positive and consequently be seen as a social pariah.

By taking into account the results of the study we were able to propose different approaches that can be used to reduce this breaking-law behavior. Considering that not all COVID-19 test certificate includes a QR code, it would be efficient to mandate all COVID-19 documentation to be possible to be checked electronically. This would not solve the issue of people purchasing fraudulent certificates but would at least eliminate the cases of people generating false documents with Photoshop or other computer programs created to modify pictures. Also, creating an international health travel passport, where testing facilities could automatically upload COVID-19 tests results would help in reducing the number of people getting fraudulent certificates, as long as, it would lead to a higher level of control. It needs to be stated that this would not be an easy process as long as it would require a high level of international cooperation. In Europe, a similar and successful process is already in use, and it consists of a QR code that gets generated every time a person gets tested or vaccinated, by the way, this kind of certificate is checked and accepted only for travels around Europe.

Other mitigation solutions to decrease this deviant behavior could be managed by airlines themselves. By supposing that every airline operating flights between the United States and international locations, would be able to provide testing at an affordable price for every travel the problem of false COVID-19 test certificate could be eliminated. This system would probably be applicable in big airports in first-world countries, but it would show more challenges to applied in nations with resource scarcity. All possible mitigation solutions even if probably not applicable to all travelers and all countries, are still useful to reduce the number of individuals using false COVID-19 certificates, therefore enhancing health security levels for all the community.

## Discussion

The results of the research can be related to the literature study. Most of our results show a discrete people's awareness about COVID-19 risks and well their knowledge about the possible legal consequences of traveling with fraudulent COVID-19 documentation. The study shows that even if the Center for Disease Control and Prevention, clearly stated the requisites to enter the United States and as well, the consequences might face to do not comply with the indications given by the Presidential Proclamation, there are still many individuals deciding to do not respect the law and try to enter the United States with false COVID-19 documentation (Center for Disease Control and Prevention, 2021).

The literature study reported that many countries are affected by the lack of COVID-19 tests availability and as well how testing prices can differ around the globe. The results obtained from the people participating in the study showed that many didn't get a proper test since they couldn't find a test before traveling due to different circumstances such as the increase of test demand caused by new COVID-19 variants and as well as the low number of testing facilities in many countries. Also testing prices has represented a challenge for many participants, especially the ones traveling for essential reasons and not for leisure. As stated by Skytrax (2021), COVID-19 tests prices change around the world. The price for the same test can be almost 100% more expensive in some locations compared to others; these data are reflected in the results of our study.

The team has tried to compare this research to previous studies with the goal to compare and contrast results, which would have given the possibility to confirm if the results obtained only reflect the size of the population that we have analyzed or instead can be applied to a bigger population. Unfortunately, we were not able to find any similar studies from reliable sources,

probably due to the fact that the pandemic represents a recent event, and not many meticulous investigations regarding international traveling with a false COVID-19 test certificate have been conducted yet. Many international magazines have published articles regarding people who have been caught while trying to travel with false COVID documentation. For example, as already mentioned before, are the cases of the people arrested in Paris trying to sell false COVID-19 test certificates and of the woman explaining why she decided to follow this malpractice (Etutu, 2021). The availability of data online retrieved from magazine articles gives us the possibility to establish that many individuals are aiming to travel internationally by using fraudulent COVID-19 test certificates.

This study might have the capacity to be expanded if more time and funding would be available. Extending the study to a larger period of time would allow the possibility to collect a larger set of data by interviewing more individuals, which would for sure provide greater information and results regarding why people decide to use a fraudulent COVID-19 test certificate rather than getting a proper one before traveling. This study has been limited to collecting data from 14 individuals who have recently traveled to the United States, it would be interesting to expand the study to travelers to other destinations as well. Having access to higher funds would allow hiring interviewers in different countries with a positive outcome to be able to reach more participants and to collect a larger set of data. This would consent to be able to understand if people are traveling from some parts of the world are more likely to get a false COVID-19 test certificate and the reasons behind their decision. There is a direct correlation between the number of interviews and the outcomes of the study, in fact, the greater is the number of participants involved more accurate the results will be.

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