Hotspots and the Politics of Humanitarian Control and Care

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This essay is part of the forum "Governing mobility through European Hotspot Centres."

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Hotspots are the European Union's solution to "managing the undesirables" (Agier, 2011). As sites of humanitarian government they betray many of the same tensions Michel Agier identified in his critical study of refugee camps and the types of practices used to govern both the space of the camp and their residents. These sites of government are configured around the need to modulate life and they modulate life through security practices concerned with care *and* control. The humanitarian aspect of these security practices—while normatively structured—is no different.

EU Funding Board, Moria, Lesvos, November 2015. All photos by Polly Pallister-Wilkins.

My intervention here is built on research undertaken over the last year that has explored what I call humanitarian borderwork (Pallister-Wilkins, forthcoming 2016). These are humanitarian interventions in border settings brought about in part by the violence of territorial and exclusive borders but interventions that are concomitantly constitutive of borders themselves. This has included fieldwork across a range of sites in Greece from Lesvos and the hotspot of Moria (during a number of its guises from space of reception and humanitarian disaster to space of detention, deportation, and humanitarian complicity), the offices of various government ministries and humanitarian organizations in Athens, and the large, now non-existent transit space at Idomeni and many other smaller spaces in between. My fieldwork has also brought me into close collaboration and conversation with Médecins Sans Frontières (MSF) in their Operational Centres in Amsterdam and Brussels.

With this intervention I want to unpack the hotspot as a humanitarian space. I argue that the hotspot model in practice makes humanitarian intervention both possible and—more importantly—necessary. But I also want to argue that they make possible and necessary a very particular type of humanitarian triage. This humanitarian triage is fraught with a politics that cannot be ignored as it finds itself complicit with sovereign processes of control designed around exclusive practices of exclusion and exile through deportation rather than the inclusive ideal of universal humanity. I have used the phrase "control and care" in the title of the intervention, rather than the more common "care and control" dichotomy used in critical studies of humanitarianism (see Agier, 2011; Feldman and Ticktin, 2010; Pallister-Wilkins, 2015; Ticktin, 2016) exactly to bring out the productive and performative role of the hotspot in structuring a particular, limited and highly contingent form of humanitarian triage.

Hotspots are sites of a range of governance practices concerned with controlling, monitoring, and knowing specific populations. They are also places of filtering and sorting, as well as spaces of detention and removal. As such, hotspots are also places of another—it could be argued complimentary—type of governance, one that employs and compliments practices of control, monitoring, and knowing alongside practices of filtering and sorting, as they are also places of humanitarian triage. As places of humanitarian triage, hotspots build their control, monitoring, knowing, sorting, and filtering around logics concerned with the biopolitical well being of the populations they are designed to govern. What is clear, however, is the blurred line between practices designed to manage mobility and practices designed to manage life. These different desires meet in the hotspot and create an uneasy politics modulating life. Hotspots thus render visible the conflictual and contradictory terrain of security itself.

Hotspots are highly fragile, temporal spaces even while they aim to carry out and perform concrete sovereign policies of registration, identification, detention, and deportation. Their fragility and temporality can be seen in the unrest and fire that all but destroyed Moria on Lesvos on September 19th, 2016. Here security practices exist side–by–side with insecurity. It is within this context that humanitarian triage is performed and within this context that it remains highly limited and politically problematic.

MSF medical triage tent, Moria, November 2015

When the medical humanitarian organization MSF decided to withdraw from Moria following the EU-Turkey deal, they articulated the politics of remaining in such a space with their Head of Mission in Greece stating:

> We took the extremely difficult decision to end our activities in Moria because continuing to work inside would make us complicit in a system we consider to be both unfair and inhumane. We will not allow our assistance to be instrumentalised for a mass expulsion operation and we refuse to be part of a system that has no regard for the humanitarian or protection needs of asylum seekers and migrants.

While this statement makes very clear the complicity of humanitarian action in processes of control and care in the hotspots in the post EU-Turkey deal era, what this this statement also highlights is the precarious and contingent nature of humanitarian action in hotspots in the first instance. Underpinning this statement is recognition that the hotspots are spaces outside the control of humanitarian practitioners. These are not traditional refugee camps where humanitarian practitioners assume the sovereign role of "making live" (Debrix, 1998; Foucault, 2004) where care is the first concern and control is a practice necessary for the provision of care (Agier, 2011), these are sovereign spaces of a different kind. These spaces exist first and foremost for the purpose of control. This turns humanitarian practice on its head.

Traditional forms of humanitarian triage operate in situations where humanitarian practitioners themselves set the terms and limits of intervention. Triage as a performance of care using elements of control is used when resources—such as time and equipment—are limited. Processes of triage make quick decisions about people's immediate needs. Triage—like the hotspots themselves—is based on logics of filtering and works to maximize efficiency in emergency settings (Redfield, 2013). However humanitarian triage usually operates, like that undertaken in hospitals, in situations where the humanitarian and the emergency being responded to sets the limits of triage. Triage in hotspots is conditioned by and contingent on the hotspots themselves, their physical architecture and the systems of control, by the policing and border authorities implemented within them. The hotspots produce the emergency to which humanitarian intervention responds.

In Moria the provision of the most basic of needs necessary for life have been continually contested and struggled for. From the ability to erect tents and/or containers to be used as medical facilities to the provision of clean drinking water and basic sanitation, to food distribution. All have been conditioned and limited by the Greek and European Union authorities who control the sovereign space of Moria.

Humanitarian assistance itself in the hotspots is indicative of a refusal and/or abrogation of responsibility by the Greek state and the European Union for those they insist come under their control. Humanitarian assistance by non-state humanitarian actors should, ideally, not be necessary and becomes necessary only when and where politics has failed to take responsibility for lives. In my fieldwork in Greece, through my repeated visits to Moria and my discussions with humanitarian practitioners, there and elsewhere, it became very clear that even in the space of the hotspots an environment was created where people on the move were both tightly controlled, physically and administratively, while also being abandoned. It was suggested to me that the hotspots were never envisaged as spaces in which the necessary conditions for life of those who were coerced into such mechanisms of control would have to be met. As such, for too long the spaces remained outside of the authority of any body or agency concerned with the provision of basic needs necessitating in turn the presence of humanitarian agencies. This echoes Miriam Ticktin's recent argument that "humanitarian rights" are not rights at all in that there is "no legal obligation to give aid, rescue, or to care" (Ticktin, 2016: 265).

This absence of "humanitarian rights" forms the very foundation for humanitarianism itself as intervention becomes necessary when sovereignty fails to provide for life. In the context of Moria an almost vicious cycle has emerged where the failure to provide even the most basic of needs has led to the presence of humanitarian organizations who themselves become conditioned by the hotspot as a place of control first and foremost, providing a very limited form of triage which in turn sees these humanitarian organizations providing services that humanitarians would insist should be provided by the sovereign authorities (Fassin, 2012). MSF made the ethical decision to withdraw from the hotspots in March of 2016, however, it is also important to raise the question of what would happen to those now detained in say Moria without the presence of humanitarian organizations providing basic needs?

To illustrate the ways humanitarian action first comes to be incorporated into the hotspot, then conditioned by it, and later complicit in it, I will recount some of my field experiences of Moria from 2015-16. Looking back through my fieldwork diaries I find my first entry from my first visit to Moria on Thursday, October 22nd, 2015. The first entry reads:

> Moria is a human shit show. Literally, people are standing in their own shit. People have been queuing for four days to get into the place to register. I am standing looking at a queue of desperate, cold, hungry, angry people standing in their own shit on the other side of a fence with a public health advisor from a major humanitarian organisation. They are very angry and feel very powerless. They say, 'I was told this assignment would be easy.'

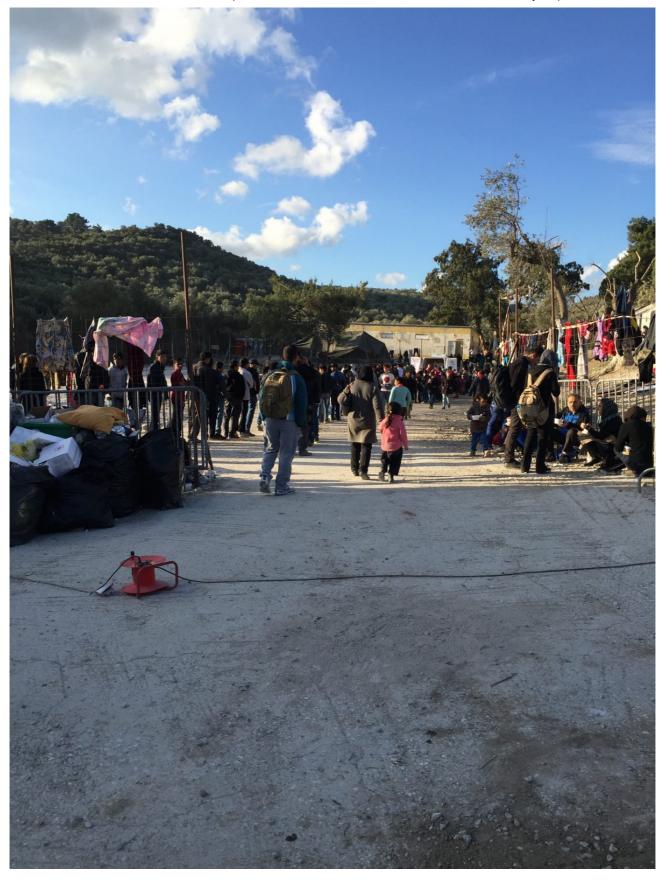Makeshift shelter, Moria, October 2015

During this time humanitarian facilities and assistance inside Moria was still in its infancy and operating in makeshift conditions in flimsy tents that were not suitable for the conditions—a sloping, muddy hillside exposed to the wind and rain of a Mediterranean autumn. Later that evening, while speaking about what I had seen during that first visit with a humanitarian practitioner friend on What'sApp, they replied "Aren't hotspots great? [ironic winky faced emoticon]." It seemed a suitable summary to me. It was clear however that the inhuman conditions in Moria necessitated in the first instance humanitarian triage.

Another entry (a month later) from November 25th talks about food distribution at Moria:

> Save the Children have just started their food distribution inside Moria. I am told by one of their practitioners that this is the only food distribution inside. The queue is over 100 people almost immediately. People say they haven't eaten for 24 hours. Save the Children's food distribution is the only food available inside [the fences] and it only happens once a day. You can buy food outside the fences on the road but once you join the registration process inside you do not have access to this food placing yourself at the mercy of the humanitarian food distribution.

Humanitarian triage therefore provides basic needs to a captive population, contingent on and constituted by the Moria hotspot itself, its architecture and its systems of control.

Queuing for food distribution, Moria, November 2015

In my discussions with humanitarian practitioners during this time, both those in the field and those working in offices in Athens, Amsterdam, and Brussels, what became clear was the lack of accountability and responsibility in the hotspots. The provision of the necessary conditions for life was clearly given over to humanitarian organizations that felt ethically compelled to act. This in turn created a complex relationship for humanitarian organizations as they sought to balance their care giving in a system designed first and foremost to control. Different organizations developed different ways of confronting this complicity. Some stated openly that they refused to collaborate with police authorities in any instance while others sought to distance themselves from the hotspot model and to spread their intervention across other times and spaces in an attempt to avoid this complicity. Chief amongst these was MSF, who even while working in Moria during 2015 and early 2016 worked to distance themselves practically from the hotspot as *the* space for humanitarian intervention, setting up its own transit center and mobile clinics. Such acts of distancing are clear from the statement declaring MSF's withdrawal from Moria:

> By tonight, MSF will close all activities linked to the "hotspot" of Moria, including the transportation of refugees to the center and the water and sanitation activities and medical clinic inside it. MSF will continue to run its transit center in Mantamados where new arrivals are offered first assistance and its sea rescue activities on the northern beaches of Lesvos. MSF will also continue to run mobile clinics on the island of Lesvos for those outside of the hotspot location.

Other humanitarian organizations have decided to stay in the now "closed" space of Moria and one wonders what would happen to people's basic needs if all humanitarian organizations withdrew. This is not to argue for either withdrawal or continuation but to highlight the complex environment and the co-option of humanitarian logics seeking to relieve suffering by the hotspot model. It is to show how humanitarian practice in the context of the hotspots is both necessary in ensuring basic levels of human dignity are upheld while at the same time highlighting the complicity of this practice with systems of control designed to exclude. The hotspot is an experimental space in Europe's managing of mobility but one that exhibits all the hallmarks of sovereignty's co-option of humanitarian practice that many critical scholars of humanitarianism and practitioners themselves have rightly identified as threatening the very space—that is the field of possibility—of humanitarianism itself (Derderian et.al, 2013; Fassin, 2012; Sandvik, 2016; Scott-Smith, 2016).

Alongside this, humanitarianism can never be seen as a solution to the control enacted by the hotspots. It is not a political solution, only an emergency response to the structural conditions created through the spatio-temporal architecture of the hotspots that works to modulate life in particular ways. Furthermore, humanitarianism as a practice would have to leave its lofty apolitical perch of neutrality and muddy its feet in the waters of a politics that would require them to condemn the violence of sovereign territorial borders of which the hotspot is just the latest European articulation. Some humanitarian agencies, such as MSF, are prepared to engage in the politics of the European border regime up to a point and their practice follows suit. Others maintain their neutrality so that they may continue to relieve the suffering caused by violent borders and state security practices.

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