

The fifth chapter of Elizabeth Cullen Dunn's book *No Path Home*, titled "pressure," tells the story of the coercion that humanitarian aid can exert on Internally Displaced Persons (IDPs) when relief workers choose to slow or stop the flow of aid in refugee camps, which, from the refugees' perspective, can happen at a moment's notice. Dunn's account illustrates philosopher Achille Mbembe's concept of *necropolitics*, or the idea that sovereignty is the privilege to choose when someone lives or dies. Reading Dunn's account through the lens of Mbembe's idea of necropolitics shows that humanitarian aid agencies have the power to choose when and what kind of aid is delivered to refugees living in precarious conditions, which is a form of necropolitical sovereignty over the lives of the very people they are sent to help.

Following the violent clashes in the former Soviet republic of Georgia between ethnic Georgians and South Ossetians in the late 2000s and 2010s, a conflict fueled by Russian political interests, many Georgians and Ossetians were left internally displaced; however, when they arrived in the refugee camp called Karaleti by the humanitarians, or Tsmindatsqali by its inhabitants, they found that the systematic violence and oppression they had experienced during the war did not end under humanitarian aid—it merely changed hands. Living in a state of constant insecurity, IDPs could not commit to building a new life in the camp or plan for a future back home or anywhere else. Dunn notes that the problem in Georgia sprang from the reactionary nature of humanitarian aid, which is meant to address an immediate emergency. To house all the refugees, for example, aid organizations hastily built cottages that had gaping floorboards and poor insulation and that eventually began to mold. The refugees were fed cheap, high-calorie foods, such as macaroni and white bread. Aid workers treated the refugees' immediate wounds from violent attacks but did not provide preventive care or treatment for chronic health problems. Dunn observes that in the long run, this type of aid caused further harm to the health and wellbeing of the IDPs.

In "pressure," Dunn describes humanitarian aid as something that flows like water and, when it stops flowing, creates pressure that negatively affects IDPs (122). As noted above, aid is intended to be temporary, while displacement situations often go on indefinitely. IDPs therefore live in a suspended state of being. Their homes, money, food, and other necessities of life are temporary; but they have no reliable means or hope of settling into a permanent home where they can begin to accumulate what they need for

themselves, which causes both emotional distress and physical consequences. When the aid stops flowing, the insecurity is exacerbated. As Dunn recounts, IDPs in the Georgian camp she studied were expected, without warning, to start paying their own heating bills (which were high due to the poorly insulated cabins), covering their own medical care (which was often costly, as many had developed chronic illnesses from the stress and poor diet), and finding work to buy food, clothes, and other necessities previously provided for them. They had to risk breaking the law to get jobs in Russia or try to survive off meager farms they set up in small garden plots around the camp. They had to forego important medication for infections, hypertension, and diabetes because they could not afford the full dosage. As a result, more and more IDPs got ill and started dying.

From Dunn's examples, it becomes clear that humanitarian aid plays a huge role in the health and survival of IDPs. In fact, humanitarian agencies appear to have the ultimate sovereignty: the power to decide when refugees or IDPs live and when they die. In his article titled "Necropolitics," Cameroonian philosopher Achille Mbembe defines sovereignty as "the right to kill" (15). While Mbembe focuses specifically on race relations and colonial power, he cites Foucault's notion of *biopower*, or the ways in which governments control their subjects by controlling their bodies; he describes how biopower relates to "the state of exception and the state of siege" (16). Mbembe argues that "the sovereign right to kill (*droit de glaive*) and the mechanisms of biopower are inscribed in the way all modern states function; indeed, they can be seen as constitutive elements of state power in modernity" (17). As Dunn discovered in the refugee camp in Georgia, the mechanisms of biopower can also be seen in the way refugee camps are operated.

Humanitarian agencies, although often conceptualized as apolitical, inscribe biopower into the way they construct their authority and the ways in which they control their "subjects," or aid recipients. Refugee camps are often referred to as a "state of exception," meaning that they transcend normal law and order for the good of the people. The Georgian and Ossetian refugees in Dunn's book also lived in a state of siege, where a government restricted their movement within their own country. Complicating the refugees' plight, most humanitarian agencies came from a land and culture foreign to the IDPs in Georgia.

Given all this, Mbembe's analysis of colonial powers and their subjects is a useful lens through which to view humanitarian powers and IDPs.

Applying Mbembe's framework to Dunn's examples shows that these organizations exert their own kind of biopolitical control over refugees by using their sovereignty to decide how the IDPs live and when they are exposed to risks that can lead to death. This is illustrated in particular by Dunn's description of *Tsvena*, which translates roughly to the English word "nervousness," but is defined by Dunn as "a way in which the world impinges on the body and ... acts as a corporeal index of the individual's problematic relationship to others and the material world" (121). The IDPs in the Georgian camp experienced *Tsvena* both mentally and physically; and it was caused, directly and indirectly, by the humanitarian aid.

Dunn cites several examples that illustrate the necropolitical sovereignty exerted by humanitarian aid. Eka Gelashvili, an IDP friend of Dunn's, suffered from intense headaches and a swollen eye due to hypertension. She could only afford to take her medication "when she could and stop when couldn't" (130), and her family had already called an ambulance twice, only to be told that Eka's hypertension was so serious, she could suffer a stroke or long-term organ damage at any point. Another IDP named Anzor Kapanadze required regular dialysis treatment that was not covered by medical insurance when aid was cut off. For Anzor, like many IDPs, "every spare penny was going to pay for medical care" (135), so his quality of life degraded with his health. Even medical care for more easily treated issues such as infections was unaffordable, and these ailments often went unaddressed.

The IDPs' medical and financial concerns, coupled with the stress of living without reliable resources for basic survival—from the men risking their lives to cross the Russian border to find paying work once the aid money stopped to the snakes that crawled through the gaping floorboards of the hastily crafted cottages—created emotional *Tsvena* as well. Overshadowing every aspect of the IDPs' lives, *Tsvena* manifested as pressure: "pressure on the veins, pressure on the pancreas, pressure on the pocket book, pressure from the government bureaucrats demanding more paperwork, pressure from doctors demanding another test that [the IDPs] couldn't afford and government wouldn't pay for" (135). All these

physical and mental health issues were intertwined, both a cause and an effect of the extreme stress the humanitarian system inflicted on the IDPs.

While war was the original upheaval in the Georgian and South Ossetian IDPs' lives, the end of the war did not end the violence. In Dunn's final analysis, "cancelling the support for life—no matter how ineffective—is as much a form of authorized state killing as war itself" (137). The adverse health effects, both mental and physical, that *Tsvena* caused illustrate just how much power humanitarian aid has over the lives of IDPs. From the outside, it appears that humanitarian aid agencies are doing the best they can in a crisis; however, Dunn's report from the field shows that humanitarian aid functions as a necropolitical form of sovereignty that can have a cruel hold over the lives it intends to save.

Works Cited

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