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Disability and displacement in times of conflict: Rethinking migration, flows and boundaries

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In this paper, I try to understand the changed relationship of conflict to migration as seen through a lens of fluidity and what that entails for disabled people - particularly what boundaries and borders are at stake. Secondly, I investigate migration through the idea of 'ontological insecurity' and try and link this to ideas of (dis)/ableism. Then, I attend to what happens when boundaries are enforced in the humanitarianism of a refugee camp, to explain how territoriality of such a setting unmakes people into 'strangers'. I show how the structural violence of poverty leads to a necessary fluidity and illustrate how people use this to combat the 'unmaking' of the self and reinsert themselves back into social life and relationships. Lastly, I examine the place of bio-legal politics in medical humanitarianism and explore the relationship to 'necropolitics' and its consequences.

Keywords: disability, displacement, conflict, migration, necropolitics

Introduction

> *"The meeting of strangers is an event without a past. More often than not, it is also an event without a future (it is expected to be, hoped to be, free of a future), a story most certainly 'not to be continued', a one-off chance, to be consummated in full while it lasts and on the spot, without delay and without putting the unfinished business off to another occasion"* (Bauman, 2000: 95)

Concepts such as 'migration', 'flows' and 'boundaries' need reconfiguration when thinking about 'disability' in times of conflict and displacement. Hammar (2014: 7) notes that a: '…focus in operational contexts on the formally displaced – who are primarily viewed through a lens of 'victimhood', 'protection' and 'management' – tends to leave other actors and dynamics still largely unseen and unnamed'.

Attending to notions such as 'victims' or 'vulnerability' also means we obscure survival or the everyday of disabled people's lives in times of conflict. Kenyon Lischer (2007) also warns against using metaphors such as 'flow' or 'flood' in displacement, noting this ascribes the same 'liquid commonality' or idea of 'mass' to populations who have to flee, undercutting the particularities of forced displacement in the global South. It also reproduces dynamics of centre and periphery in terms of ideas of charitable dependence (Connell, 2014). Analogously, concepts such as of 'liminality', 'statelessness' and the use of Agamben's (2005) work on how 'states of exception' are created in places like camps, also intensifies ideas of marginality or 'anomaly' (Berghs, 2011, 2013; Mirza, 2014), and obscures intricacies

of how disabled refugees uphold life.

In informal conversations with Nawaf Kabbara, the Head of the Arab Organisation of Disabled People, he emphasised that disabled people living in places of violent conflict or who become displaced are just as much a part of the global and the local, and dynamics to understand people's lives need to be attuned to the multiplicity of how a plurality of indigenous, endogenous, and global knowledges on disability have to be used. Living in times of conflict and displacement also means dealing with 'critical events' (Das, 1995) and the refashioning of self and embodiment in keeping with a necessary diversity (i.e. Humphrey, 2008), now also implicated in neoliberalism. I attune to this plurality but within the framing of a social model (Oliver, 1983), where disability is conceptualised as the social oppression or disablement of people with (physical and/or mental) impairments.

I also want to attend to how conflicts now raise questions about ideas of 'boundaries' between the state and individual in post-modernity and enable a 'necropolitics' (Mbembe, 2000). Instead of theorising in terms of biopolitics, politics is viewed as the work of death where, 'sovereignty means the capacity to define who matters and who does not, who is *disposable* and who is not' (Mbembe, 2000:27). For Mbembe (2000: 27ff), this is realised in the subjugation of life to the power of death or necropower, for example, in the 'contemporary colonial occupation of Palestine'. Mbembe (2000) suggests the 'dead' and the disabled body act as signifier for life in the shadow of terror and constant threat of death in the postcolony.

Gržinić, furthermore, argues that living in a time of necropolitics is linked to the growing impact of neoliberalism where we are moving away from a 'biopolitical welfare state' to one where discrimination is instead legally upheld due to links to capitalism (Gržinić and Tatlić, 2014). At the heart of necropolitics also lies the 'ontological insecurity' created by the inequalities of a 'liquid modernity' (Bauman, 1992, 2000). It is not the displaced populations in the global South that fit within a metaphor of liquidity but rather violence, displacement and conflict that break down territoriality and social bonds, ensuring the fluidity of neoliberalism wherein free market trade is imposed (Bauman, 2000). This is inclusive of the new terror states, their mimicry of necropolis and the young wo/men they contract. The links between the military, security and surveillance also act to break down the boundaries of private and public, ensuring governance of those in power.

I begin by illustrating the changed relationship of conflict to migration as seen through a lens of fluidity: what that entails for disabled people and what boundaries and borders are at stake. Secondly, I investigate forced migration through the idea of 'ontological insecurity' and try and link this to ideas of (dis)/ableism. By ontological insecurity, I refer to the idea of not being able to give sense and meaning to one's life. Then I attend to what happens when boundaries are enforced in the humanitarianism of a refugee camp to explain how territoriality of camps unmakes people into 'strangers' (Bauman, 2000). I look at the ways in which the structural violence of poverty leads to a necessary neoliberal fluidity, but also how people use it to combat the 'unmaking' of the self and reinsert themselves back into social life and relationships. Lastly, I examine the place of bio-legal politics in medical humanitarianism and try to explain the relationship to necropolitics.

The Changed Relationship of Conflict and Migration

In 2013, the United Nations High Commission for Refugees (UNHCR) published an annual report stating that displacement would be one of the 21st century's biggest challenges. In 2014, the UN noted over 50 million people had been forced to flee their homes and most were from the global South (UNHCR, 2014a). Conflicts in places like Iraq, Nigeria and South Sudan were contributing to increasing displacement, with the highest asylum claims coming from conflict affected states such as Syria and the Democratic Republic of Congo (DRC). Forced displacement, for example in the DRC, was also linked to extractive political-economies and has meant growing numbers of internally displaced persons (IDP) within the country as well as refugees outside its borders.

The countries hosting the greatest numbers of refugees are based mainly in the global South with Pakistan, Iran and Lebanon leading (UNHCR, 2014b). Civil unrest and threats of violence have also mobilised young people - who now represent half of all forced displacement (UNHCR, 2014a). For example, in Latin America young people try to escape gang violence and poverty by travelling a South to North trajectory (UNHCR, 2014b). Rising inequalities and the impact of neoliberal austerity measures in Africa have also mobilised wo/men to migrate (Mains, 2008) and/or engage in war economies (Mbembe, 2000; Hoffman, 2011). Forced displacement is thus concomitant to the historical and present violence of unequal development, climate change and environmental degradation linked to neoliberalism (Pedersen, 2002; Collier et al., 2003).

Conflicts are also changing from inter-to-intra state and becoming protracted as witnessed in places like the DRC (Leaning and Guha-Sapir, 2013). There is also a shift from 'humanitarian disasters' to 'emergencies' (Macrae et al., 1994) as conflicts turn into complex emergencies more rapidly. This occurs in the way that several crises combine, such as what we see in Iraq or Syria, where we note; 'food insecurity, population displacement, the effects of weapons, and collapse of basic health services' (Banatvala and Zwi, 2000: 101). The populations these emergencies affect are also more dispersed, ranging from rural to urban environments, and low to middle and high income countries. In Syria and Lebanon, refugees are now primarily found outside of camps in cities and more often than not slums (see Sami et al., 2013). When thinking of IDP or refugee camps, like the Dadaad camp in Kenya that contains over half a million people, metaphors of cities within cities and transnational mobility best apply (i.e. Horst, 2007).

The boundaries between public and private spaces in conflicts have also radically altered. Hynes (2004: 436) found that in the Iraq wars, the Americans carried out high precision bombing on civilian infrastructures (i.e. sanitation, water, power-plants and communication sites). In Afghanistan, the use of mines, drone strikes, bombs, and improvised explosive devices, have led to purposeful maiming of both combatants and civilians. Civilian casualties, such as women and children in the global South, have steadily increased in most conflicts but their deaths are rarely counted (Hynes, 2004). Similarly, the use of death and violence has also become more directed towards these groups. We know that women, children, and also some men, are at increased risk of specific harms, inclusive of sexual violence (Hynes, 2004; Amnesty International, 2014).

Yet, Berghs and Kabbara (2015) argue humanitarianism places more emphasis on direct and indirect impairment and mortality, neglecting: 1) the short-term effects conflicts have on existing populations of disabled people; 2) the creation of impairment and disabled identities through violence, displacement and camp life; and 3) short and long term preparation of needed services, for example, there has been a lack of sustainable long-term planning for basic disability services for Syrian refugees (WRC, 2013). HelpAge (2014) too found that disabled people were still a hidden population and agencies were struggling with disability alongside the myriad needs of an aging refugee population, with significant chronic illnesses as well as a constant stream of recently injured.

Kett and van Ommeren (2009) thus argue disability during conflicts is ignored, despite the fact that disabled people are often at greater 'risk'. The UNHCR (2011a,b) views the links between disability and displacement mainly in terms of vulnerability or protection for persons with disabilities (PWDs). The UNHCR also has to document 'specific needs' of refugee populations but research with Syrian disabled refugees noted multiple needs created by vulnerability in displacement (WRC, 2014: 10). While it seems as if human rights have merged with welfare or charitable approaches in assurances to 'prevent' or 'protect' (see UN, 2006), research reveals that disabled refugees are often the last to be resettled by the UNHCR (Mirza, 2011) or involved by multi-sectorial agencies (Wehbi, 2011b; Berghs & Kabbara, 2015). Similarly, while resettlement guidelines for refugees also attend to notions of 'vulnerability', 'risk' and 'medical need' to ensure basic needs and legal deservedness of political citizenship (Bergtora Sandvik, 2011), disabled people are still viewed as mainly economic 'burdens' on a state.

State reservations are included within the United Nation's Convention on the Rights of Persons with Disabilities (CRPD) with relation to immigration and right to refuge for disabled refugees and asylum seekers (Soldatic and Fiske, 2009).[1] The application and enforcement of Article 11 in humanitarian contexts and the possible innovative application of the CRPD to ensure protection, as well as access to education, healthcare or employment, is currently missing (Lord, 2014). Likewise, the conceptual link towards examining indirect impairment as a consequence of violence and consequences for transnational disability justice (i.e. reparations) is neglected (Soldatic and Grech, 2014). The fact that humanitarian aid, human rights instruments and international organisations within humanitarian emergencies are non-inclusive of impairment and the formation of disabled identities has implications for displacement and migration. This is the subject of the next section.

(Dis)/Ableism during Conflict and Migration

Despite being in seemingly 'protected' surroundings, violence can come from outside or within a community and add to feelings of 'ontological insecurity' (Laing, 1960; Giddens, 1990; Bauman, 1992) for disabled people and/or their families. According to Giddens (1990: 92), 'ontological security refers to the confidence that most human beings have in the continuity of their self-identity and in the surrounding social and material environments of action'. I argue that processes of violent (dis)/ableism now increase 'ontological insecurity' and lead to how 'impairment effects' (Thomas 2007, 2010) become oppressive. According to Thomas (2010: 37) impairment effects are:

> …the direct and unavoidable impacts that 'impairments' (physical, sensory, emotional) have on individuals' embodied functioning in the social world. Impairments and impairment effects are always bio-social and culturally constructed in character, and may occur at any stage in the life course.

Disablism, or 'the social imposition of avoidable restrictions on life activities, aspirations and psycho-emotional well-being of people characterised as 'impaired' (Thomas, 2010), and neoliberal ableism or discrimination against people with impairments, can be enforced through practices and policies in humanitarianism. This leads to situations of heightened ontological insecurity. I will explain how this occurs in what follows.

1) *Invisible Cartographies of Violent Disablism*

Migration and displacement as a result of conflict and violence are almost always a necessity to ensure security and uphold life. Moreover, economic, political, historical, and socio-cultural factors influence the reasons as to why people feel they should move, if they can and how they go about doing so (Harris, 2003; Dossa, 2006). Often there is no choice, such as when a neighbourhood is bombed, houses are burnt, or the surrounding areas become too insecure, for example, because of proximity to fighting forces. Yet, research by HelpAge (2014) has indicated that certain sectors of the disability population are at more risk and this is correlated to intersectionalities like age, ethnicity, religion or gender, for example, and how they interact with severity of impairment. Violent disablism thus impacts on how 'impairment effects' (Thomas 2007) are experienced as oppressive.

People can become 'disabled' because of their involvement in political, economic, environmental or religious movements (Harris, 2003). The point of violence is then to disable and ensure impairment. However, I want to examine the consequence of violence and disablism and how they interact to heighten 'impairment effects' so they restrict mobility or increase risk. Movements for disabled women, in particular, can be curtailed due to fears of abduction, rape or smuggling by human traffickers as well as violence in camps (Ortoleva and Lewis, 2012). For example, Boukhari (1997) found that girls with intellectual disabilities at a home for children in Lebanon had been raped by militias in their areas, but their families were too afraid of reprisals and dishonour to react. Several processes interact: gender discrimination; violent disablism; and exploitation of 'impairment effects' to create situations of double and triple oppression.

Disabled people can also be singled out for physical and mental harassment or torture from, for example, the political opposition or by bureaucracies, because their specific type of impairments and their effects are perceived as making them 'weak' political targets (Harris, 2003) or easily exploited. Thus, Grove et al. (2010) and Rohwerder (2013) report how people with autism or intellectual disabilities are at particular risk of violence, recruitment and marginalisation. Likewise, mobility can be curtailed or exploited by the family, military or inter/national community and this disablism can lead to social isolation and entrapment. By way of illustration, threats of terrorist bombs in Northern-Ireland meant disabled people became confined to their homes - increasing social isolation and impairment (Hill and

Hanson, 2011). The effects of impairments and how they interact with disablism and violence is not always understood in humanitarian aid. These situations of oppression are further exacerbated by a neoliberal ableism.

2) Neoliberal Ablelism

Disabled people are actively involved in gaining resources, advocating their needs and setting up their own agencies, such as in refugee camps, to ensure proper prosthetics, rehabilitative care or to give each other emotional support (Berghs, 2011; Mirza 2011). However, often they can only do this within neoliberal funding trends, agreements and priorities set by the global North and those that prioritise able-bodied fighting forces (Wehbi, 2011a,b). Miles (2013) has thus argued that this creates hierarchies of impairment in conflict settings acting to marginalise disabled people, and children in particular, especially those with severe congenital impairments. Connell (2011) explains that this invests certain bodies with productive power in discriminate types of Northern socio-spatial or geo-political arrangements and invalidates other bodies.[2] Buchanan (2014), too, found that priorities set by the global North acted to obscure other needs that disabled people had in conflict, post-conflict or violent settings of displacement - such as the short term needs and long-term issues caused by legal and illegal circulation of guns or small arms. Curtailing their circulation would be more politically and economically difficult to tackle, even though long term dividends in terms of peace, equity and health would be profound (HI, 2012; Buchanan, 2014).

Within this neoliberal ableism, the able (white) body takes centre stage and I want to focus on two aspects of this discrimination and how to combat it. I do this by attending to "ontological insecurity" within, firstly, mobility and secondly, medical aid.

2.1 Ableism and Mobility

Hyndman (2007: 36) states that we need to attend to localised macro and micro-securities to understand how people avoid violence. To illustrate, in Afghanistan, Fluri (2011) found that people used various corporeal strategies to ensure security. Strategies adopted by Afghans were different depending on position in society but included; ensuring distance from military sites, retreat within domestic or kinship associations, driving local looking cars and corporeal refashioning of the body so it did not outwardly embody acting or dressing 'Western' (Fluri, 2011). These Afghani practices espouse public invisibility to avoid corporeal vulnerability to explicit (i.e. bombs) and implicit violence, such as the collection of visible biometric data (i.e. photographs, iris scans, and fingerprints) by the US military. In a similar vein, we need to understand how disabled people unmake the 'ontological insecurities' countering these kinds of (dis)/ableisms. As illustrated by how violent disablism interacts with 'impairment effects' and ableism, this implies attuning to more than just capabilities, functioning or how people gain differing forms of capital. It requires a more holistic approach.

An important element affecting capacity to function, decisions to move and the lessening of feelings of ontological insecurity, is, for example, the practical information that a route is safe

and adequate, as well as ensuring that sustained humanitarian support and social protection will be provided. In a video interview, two disabled women fleeing violence in Ukraine, noted how it was non-governmental organisation (NGO) assistance, payment for vouchers, and planning for accessible accommodation that allowed them to move their families (Farrell, 2014). In these interviews, their impairments were not mentioned, but the emotional toll violence had placed on their children was, as well as the physical ruin and insecurity of their homes that had forced them to flee (Farrell, 2014). Similarly, in Sierra Leone, Dos-Santos-Zingale and McColl (2006:247) found that two issues affecting disabled people when fleeing violence, were mobility and survival, but it was a combination of capacity, social networks and attitudes, as well as inclusive environments that enabled this process. Migration discourses, especially linked to disability, have examined concepts like 'mobility' but in terms of the physical body as immobile or in need of medical support to ensure it becomes 'mobilised' (Urry, 2000) which, as the above illustrates, is not attuned to the diversity amongst disabled people nor where their priorities necessarily lie. Nor is it in line with the priorities of medical humanitarianism.

2.2 Mobility and the link to Medical Aid

Medical aid is always cited as an instrumental part of humanitarianism but evidence indicates this is not always assured for disabled people. Disabled Syrian refugees and their families have had to pay for medicine, surgical care and rehabilitation (WRC, 2013; HelpAge, 2014). Moreover, these extra costs have depleted savings and forced some families into poverty and/or exploitative situations increasing ontological insecurity (WRC, 2013; HelpAge, 2014). Despite rights based discourses, medical treatment is often curtailed (Mirza, 2014), and evidence suggests limited to certain categories of impairment, in line with the political aims of humanitarians or philanthropists footing the bill (Berghs, 2013).

Mirza (2011) explains that disabled refugees in particular, are often seen as somehow 'different' within neoliberal paradigms and in need of special attention as particularly 'vulnerable' within camps (UNHCR, 2010). Yet, she notes a genealogy where guidelines and toolkits for disabled refugees were always inscribed with medical or rehabilitative risk discourses associated with 'screening, prevention and treatment' (Mirza, 2011: 1529). This calls into question how international organisations are ensuring not only equity and rights in humanitarianism but also the rebuilding of national resources, such as inclusive health care systems, when working in the global South (Banatvala and Zwi, 2000). If critical resources were more mobile and diverse as the changed nature of conflicts indicate they should be, or attuned to tackling how insecurities/inequalities are created in neoliberalism, could it lead to safer displacement for disabled people or allow disabled people to remain in their communities?

Furthermore, is medical humanitarianism obstructing disabled people from ensuring their own security, care and survival? A sole focus on the impaired body in medical humanitarianism often denies the capacities, strengths and experiences of how (dis)/ableisms are unmade in humanitarianism. Wehbi (2011) has thus argued for a decolonisation of the way in which disabled people in the global South are invalidated during conflicts (i.e. as service users, beneficiaries, vulnerable, victims etc.) by focusing on their active contributions

in international humanitarian aid. She illustrates how during the 2006 war in Lebanon, it was disability rights activists that: provided support for disabled people who were displaced in centres; who participated in demonstrations for peace; and who saved abandoned disabled children during bombings (Wehbi, 2011a,b). Yet, international agencies typically view 'capacity-building' as something *they impart* not as something that they need to learn. This is because typically the focus is on containment and government of dis/abled Southern Bodies.

The move to a rights based framework in keeping with the CRPD has not impacted this. To illustrate, Smith-Khan et al. (2014) found the CRPD was still being interpreted in terms of tool of identification of people with impairments according to a narrow medical model[3]. While there is a need to assure identification of impairment and medical treatment, there are also dangers in how those identities can be imposed on people and become reified. In such a way, people are labelled and populations formed during a time of displacement, often around 'health identities' (Whyte, 2009) such as 'amputee' (Berghs, 2013), become linked to chronic conditions such as 'HIV' (Wilhelm-Solomon, 2013) or assume a new disability identity like 'PWD' that may never have socio-culturally existed in society before. Yet, these new forms of 'biosociality' (Rabinow, 1996), or bio-legal sociality have never been interrogated in terms of neoliberal ableism or enforced disablism (Oliver, 1983) and its implications. The links between disability as label and double or triple stigma (Goffman, 1973) and inter-generational trauma (Mohatt et al., 2014), racism and sexism remain relatively unexplored.

In the above, I have tried to illustrate how (dis)/ableisms are implicated in experiences of ontological insecurity and how this is made and unmade. I now want to focus on how (dis)/ableisms are enforced in the humanitarianism of a refugee camp next.

Neoliberal (Dis)/ Ablest Camps: Embodiment, Spaces and Practices

The idea of a humanitarian space or camp setting as 'safe' and free from harm is now contested, both externally (DeChaine, 2002; Spiegel et al., 2010) and internally, in terms of how camp spaces uphold a 'biopolitics', for example, in the way the basic needs of life are met.[4] However, having minimum standards, for example in how many calories a refugee needs to consume or what housing should look like, does not mean that they are always achievable, sensitively deployed or do not cause harm (Grove and Zwi, 2008). Moreover, the (dis)/ableisms, implicated in how embodiment is fashioned through camp spaces and practices, have not been interrogated.

Camp spaces are geo-political and neoliberal in how they try to tap into certain ethical values (i.e. rights and responsibilities for 'the other') which become territorial. A certain 'imagined community' (DeChaine, 2002) and industry is being also created. For example, the commodification of the disabled Southern body (Berghs, 2014) in media 'events' (DeChaine, 2002: 361) to argue for medical humanitarianism and aid in conflicts is a first step of any displacement political-economy. This changes ideas of territoriality and temporality (Gržinić and Tatlić, 2014) of 'disability' and dematerialises it as fetish commodity of affect, of which a refugee camp becomes an extension.

1) *Em/bodiment*

Memories of 'camp life' during interviews undertaken in post-conflict Sierra Leone were often recounted in terms of a secondary wound and ontological insecurity, typified not only by the recollection of physical and symbolic segregation from social, cultural, political, economic and spiritual life (Berghs, 2011, 2013) but also lack of access to basic needs such as sanitation, food, and shelter (Dos Santos- Zingale and McColl, 2006; Berghs and Dos Santos-Zingale, 2011). For instance, people associated with the UN, IOs, NGOs or even researchers were described through how they experienced embodiment, as 'enjoying life', while ordinary people explained they 'suffered' and 'sat down' indicating this loss (Berghs, 2011, 2013). Yet, in this way ordinary people also questioned their inability to be mobile, be 'selfish' and perceived need to gamble on an enforced poverty that might lead to future 'benefits' (Berghs, 2013). Humanitarian actions thus can recreate the very conditions for camps to exist within Western charitable or medical models of aid ensuring dependency and contributing to the creation of disabled identities and disembodiment. Camps also inscribe practices attuned to top-down neoliberal models of welfare where reintegration must be linked to employment or empowerment based on impairment, which can exclude other understandings of worth and status, for instance, tied to kinship (i.e. as elder or mother). I want to illustrate how camps contribute to this in what follows.

2) *Spaces*

While proximity to aid is assured in terms of movement to an IDP camp or capital city, the inaccessible camp layouts act to reduce embodiment. Participation in social life became curtailed due to territorial stigmatisation linked to being associated with medical segregation in camps. The UNHCR also did not discern between people with impairments, due to lack of understanding of people's identities, such as according disabled people the same status as a wounded child soldier or a civilian who had been impaired (Berghs, 2013). For instance, past histories of 'camp life' recounted: physical and sexual violence; illnesses adding to impairment; stolen possessions; deaths; and loss of past individual as well as communal identity (Dos-Santos-Zingale and Berghs, 2011; Berghs, 2013). If a family is not there to help, precious resources would also be needed, even for self-care activities, for example, to pay a child to assist them to a toilet (Dos Santos-Zingale and McColl, 2006). In addition, Dos Santos-Zingale and McColl (2006: 249) found barriers in the inaccessibility of 'supply lines, the camp registration process, the medical services, including assistive devices,' acting further to disable people or necessitating a small token to ensure access.[5] Certain movements within or outside of a camp are more risky than others or stigmatised by NGO workers, such as begging, gambling or drinking. Yet, it was those activities that allowed people to buy extras they needed and regain an embodied sense of 'self', 'forget' and 'be together' within social networks (Dos-Santos-Zingale and Berghs, 2011; Berghs, 2011, 2013). These were also necessary supplements to the skills-training or empowerment practices that were imposed.

3) *Practices*

This meant that camp spaces for disabled people necessarily became semi-nomadic, fluid and permeable as people tried to gain access to differing forms of capital through the legal and illegal informal economy, such as engaging in begging activities, selling camp materials, transactional sex, stealing, bartering or trying to top-up aid through extended family support (Berghs, 2007, 2011). Movements outside of the camp were also necessary in terms of location of firewood, farming activities and washing of clothes. These are traditionally activities done by young children, youths or women, putting them at increased risk of violence in some IDP camps or in the refugee camps along the borders (Berghs, 2013). In the Syrian context, we learn that such activities are necessary for disabled people and their families due to the extra costs incurred by impairments, injuries and chronic illnesses that were not planned for in humanitarian aid (WRC, 2013; HelpAge, 2014). Alongside formal and informal networks, people thus learn the global economy and hierarchies of individual affect. They learnt how to interact with an international humanitarian bureaucracy, for example: to be verified for a training programme by an IO; tell their story to a journalist to gain money; within transitional justice processes to ensure inclusion and gain reparations; or to endear themselves to philanthropists. This necessitates a necessary fluidity and commodification of local and global identities and impairments that needed to be presented a certain way in order to ensure survival, for example, as 'victim' (see Berghs and Dos Santos-Zingale, 2011). The necessary commodification of identities and impairments were certainly factors contributing to people's engagement in corruption, patrimonial indebtedness and invisible economies. Corruption in most camps and within international institutions was rampant in a poor post-conflict country but was also a means to wealth for those who could have influence, were chosen to run camp committees, or spoke English (Berghs, 2007). An NGO worker who had spent time in an IDP camp run by an international organisation in Sierra Leone during the war, noted how some of the people there were 'criminal' but went on to highlight the impossibility of whistle-blowing within the humanitarian system at that time, contributing to the perception that 'states of exception' (Agamben, 2005) were being created. I want to interrogate how this necessary fluidity stopping estrangement becomes co-opted by bio-legal power and contributes to necropolitics in what follows.

Bio-legal Power as Surveillance of 'Disability'

The concept of humanitarian intervention as linked to upholding values of life and neutrality has changed, increasingly becoming linked to (Western) military interventions, security and neoliberal norms and values of the necropolis (Mbembe, 2003). Gržinić argues that we are moving away from a 'biopolitical welfare state' to one where discrimination is now legally upheld and enforced due to links to capitalism (Gržinić and Tatlić, 2014). This discrimination is validated through both tightening claims of medical humanitarianism and legal rights, and thus inscribed in neoliberal bio-legal necropower. The protracted camp space which has to be unmade within neoliberal remits is part of that power, but so are borders, sites of detention and the arduous process of gaining asylum - ensuring life in limbo.

In all of the above, people are dehumanised and certain bodies become pathologised as 'risky' or 'deviant' and 'othered' through a specific type of invalidation. Certain states and bodies are ascribed 'impairments' and become 'fragile' or 'unstable' and thus more open to

intervention (Howell, 2011), exploitation (Pisani, 2011) or detention (Soldatic and Fiske, 2009; Mirza, 2014). Reid (2010: 392) explains:

> Humanitarianism became a source of support for military interventions, lending legitimacy to the military practices by which human life is killed, providing support to post-interventionary strategies of political and social reconstruction in which specifically liberal frameworks for governing life are promoted in destruction of others, and in which distinctions are regularly drawn between deserving versus less deserving recipients of care and protection.

Increasingly, both humanitarian interventions and detentions are being enforced in the global North and South and under conditions linked to military surveillance and outside of the legal norms of the territorial state.

Camps, periods of statelessness and detention centres become especially risky for disabled people but are also part of a neoliberal economy, warehousing and prison-industrial complex. Imprisonment of disabled people within detention centres has been found to be extremely harmful (Briskman et al., 2012, Pisani and Grech, 2015 in this special issue). For example, Corporate Watch (2014) found that in detention centres run by private companies in the United Kingdom, there was widespread exploitation of migrants from the global South. Pisani (2011) too notes that that the very ascription of the refugee or asylum seeker identity often opens a person up to experiences of racism, marginality and criminality. Gržinić and Tatlić (214: 230) therefore argue that the legal status and measures linked to such identities, '…are in harmony with the normalisation of the state of exception'.

In medical humanitarian literature, the 'right to health' is often cited as an object of study and exploration in terms of how and why it is 'invoked, debated and resisted' (i.e. Willen, 2011). Yet, Sherry (2014: 20) questions the promises of such 'rights' when most disabled people are increasingly experiencing a loss of rights, abuse and death within neoliberalism. Furthermore, Soldatic and Grech (2014) argue that the CRPD is only linked to the territorial (Northern) state and ignores the ways in which impairment is created and disability enforced through neoliberalism in the global South. In this way, a necessary bio-legal power patrols the borders of future resettlement and resources for a Southern refugee. It is the biological that will provide the legal evidence of neoliberal deservingness for asylum.

Yet, as we have illustrated above, medical humanitarianism can be (dis)/ableist and is not always conferred to disabled people (Berghs, 2014). In refugee resettlement in Kampala, Bergtora Sandvik (2011) too found that visible and direct physical displays of emotion and impairment, close to Western norms and values, naively carried most weight for IO legal bureaucracies. This presupposes an inversion of careful strategies of invisibility linked to combating ontological insecurity, ensures people have to take on the fluidity of neoliberalism but also illustrates illusion of 'evidence' of Northern forms of impairment.

Yet, humanitarianism becomes complicit in creating ever narrower categories of neoliberal inclusion and exclusion by linking disability to medical resources and identities (Berghs,

2014). Visible impairments or 'impairment related deservingness' mean intentional creation of impairment or need of ascription of a disabled identity to gain resources (Berghs, 2013). Petryna (2013: S67) thus argues for a shift from 'right to health' to 'right to recovery' in that many people do not have access to healthcare or even the best healthcare, implicating not only issues of right to 'health', but also healing and recovery. We can extend this argument and state that it focuses our attention on the creation of not only (dis)/ableism but impairment as bio-politically embodied, measured and bureaucratically defined legally. Should we not speak of right to embodiment? There is now a growing bio-politisation of certain bodies and body parts that 'count' (Hyndman, 2007) in the global South and North. These disabled bodies need medical evidence from doctors to attest to harm and lawyers to ensure asylum (Fluri, 2011). This might guarantee claims to international resettlement (Mirza, 2014).

Furthermore, why some Southern bodies matter and other bodies become invalidated seems almost arbitrary, based on sets of bureaucratic rules and boundaries that become malleable in rights-based discourses and are predicated on an able body in a neoliberal economy. If bodies that do matter in medical humanitarianism need to have impairment, or a particular age, sexuality, religion or ethnicity as sites of deservingness but are still imprisoned, denied embodiment, or made to wait for years to be resettled, I argue we need to speak of a necropower (Mbembe, 2000) and not a biopolitics or biohuman (Reid, 2010). Bodies that 'deserve' resettlement are not disabled bodies but bodies that now need to contain the open and tactile signs of conflict and power of life and death. They have to continue that fight to ensure asylum and resettlement.

Conclusion

In the above, the preoccupation has been with conflict, displacement and disability, tracking how conflicts are flows of death linked to necropolitics. The changed nature of conflict, violence and displacement now implicates protracted periods of living as a displaced person and particularly affects people in the global South. Yet, a micro-level focus on medical and legal forms of 'impairment' neglects the meso and macro-level neoliberal inequalities that contribute to creation of disablement and oppression (Berghs, 2013).

Attending to how disabled people unmake ontological insecurity can ensure practices of enablement and advocacy. The political idea of bounded 'camp space' is also outdated and a limited focus on the removal of barriers and superficial adherence to the CRPD has not strengthened humanitarian aid for the most affected. Humanitarianism is also becoming more exclusionary in whom it accords asylum, and 'impairment' as a biomedical site of medical or legal deservingness is an illusion. The understanding that this can be manipulated means that the refugee experience is also becoming one of 'bare life' under surveillance and suspicion, ensuring that it 'makes' people into strangers through discrimination, exploitation and marginalisation as they try to 'unmake' this by entering into a necessary fluid commodification of their selves and bodies. By doing so, it seems as if 'disability' as a signifier of 'death' and a symbol of dichotomies (i.e. life/death) and the state of exception is upheld.

Yet, 'disability' also means a critical investigation of (dis)/ableism and interrogating how we combat this to create more inclusive and just societies. The above indicates that while sidelined in discourses of humanitarianism, it is the disability and peace nexus that upholds accountability, ensures participation, and enables life urgently needs more attention (Blaser et al., 2013). Kabbara and Abou Khalil (2014) argue by not focusing on disabled people's contributions and supporting their advocacy efforts, the national government and international community creates a lacuna linked to advocacy and peace.[6] Disability studies has focused on conflicts, impact of migration, experiences in refugee camps, claims for asylum and experiences of imprisonment in detention centres, noting the (dis)/ableism in all of these, but has not yet engaged with how to delimit ontological instability in a liquid modernity and enable a more radical and critical resistance. Listening and learning from experiences of 'disability' is a first step.

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Notes

1 See also Yeo (2015) and Pisani and Grech (2015) in this special issue.
2 See also Soldatic and Grech (2014).
3 Most organisations do not understand how the social model of disability links into the CRPD and the implications of that in terms of how they would structure humanitarian aid.
4 For example, in trying to adhere to the Inter-Agency Standing Committee (IASC) guidelines (http://www.humanitarianinfo.org/iasc/) and Sphere (http://www.sphereproject.org/), a humanitarian charter that sets out 9 humanitarian core standards.
5 See Pisani and Grech (2015) in this special issue.
6 For example, peace-building is not viewed as part of Inter-Agency Standing Committee (IASC) guidelines, local or global inter-sectorial support, nor humanitarian core principles or basic standards found in in documents like SPHERE.

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