Out-sourcing refuge: distance, deferral, and immunity in the urban governance of refugees

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Chapter forthcoming in Pasquetti, S. and Sanyal, R. (eds) *Displacement: Global Conversations on Refuge*, Manchester: University of Manchester Press.

For the large majority of the British population, asylum seekers are abstract figures. For many people it is incredibly rare to knowingly come into contact with an asylum seeker. As such, an awareness of forced migration comes almost exclusively through media coverage and political rhetoric. At the same time, much discussion of asylum seekers reduces them to an economic language of costs, efficiencies, flows, and 'burdens', such that managing forced migration becomes a 'numbers game' played by the state on behalf of its citizens (Darling 2014a). This process of abstraction is not new, as Malkki (1995) and Bauman (2016) remind us, yet in recent years it has grown in spatial and political significance as measures to interdict asylum seekers have become more prominent. From the growth of border walls (Jones 2015), to the emergence of technological measures for sorting and classifying migration (Salter 2004), the reassertion of border control as a matter of securitisation has had profound effects on the possibilities of seeking, and finding, refuge (Jones and Johnson 2016). In this chapter, I argue that one of these effects has been to distance, both physically and discursively, asylum seekers from the countries they seek refuge in, and from the citizens they seek refuge amongst.

In exploring this landscape, I focus on the accommodation of asylum seekers in the UK, to argue that we witness the internalisation of attempts to keep asylum seekers at a contained distance, physically, morally, and politically. In doing so, this chapter offers a critical consideration of how logics of bordering, which maintain such distance 'outside' the traditional boundaries of the territorial state (Bialasiewicz 2012; Collyer and King 2015), are reflected in forms of distancing 'within' the nation-state. Focusing upon the interaction of border practices in this way, the chapter foregrounds two key contributions to understanding the politics of refuge. First, the account of distance central to this chapter, draws on the biopolitical thought of Roberto Esposito (2008) and his examination of immunology as a desire for security and risk avoidance. Yet unlike previous analyses of immunization and border management

(Vaughan-Williams 2015), I turn this lens inwards to explore Esposito's (2011) account of immunity as a specific relation to difference, exemplified through the UK's asylum seeker dispersal system. Second, in examining the politics of dispersal, the chapter makes a case for the urban application of immunization. This is not to limit the reach of this frame of thought, but is rather to respond to two significant trends. On the one hand, the enforced mobility of asylum seekers to some UK cities as a means to conditionally fulfil international obligations. And on the other, the privatization of housing and support for asylum seekers across the UK. Together, I argue that these trends represent attempts to immunize society against the relation to difference that a *common* obligation might imply. It is this common obligation to others – a responsibility to recognise and negotiate alterity rather than to avoid or displace it – which has been argued to characterise the politics of the city and its demands of proximate diversity (Amin 2012; Wilson and Darling 2016). On this basis, the chapter argues that the biopolitics of immunization 'within' the nation-state, has significant implications for how we understand urban democracy and the narratives of diversity and 'tolerance' often associated with contemporary cities. In doing so, I foreground the risks that a concern with immunity at all costs may pose for democracy (Derrida 2005), and argue that such risks are borne most painfully by those at the margins, physical and institutional, of the nation-state.

In making this argument, the chapter develops as follows. I begin with the biopolitical thought of Esposito to argue that an interplay between community and immunity is central to understanding borders, identity, and difference. I then take this understanding forward through arguing that in the off-shoring of asylum, we witness a context in which an immunizing distance is developed between the nation-state and asylum seekers. With this in mind, I turn to asylum seeker support and accommodation in the UK. Here, distance and deferral are produced as a means of neutralising a perceived threat and immunizing the state against those seen as a risk. The significance of this argument is that in maintaining distance, and seeking to selectively incorporate a perceived threat in a regulated manner, the dispersal of asylum seekers holds an immunitary function that runs counter to claims about the democratic nature of urban life (Magnusson 2011). As such, it represents a form of post-democratic incorporation within, but never beyond, the social and spatial margins of the nation-state (Brown 2006; Crouch 2004). Building on these insights, I conclude by arguing that Esposito's attempts to articulate an affirmative biopolitics, may offer politically salient, if partial, openings to consider how identifying the limits of immunity can open opportunities for different responses to refuge.

Immunological borders and the rejection of community

In exploring the role of distance in shaping the politics of refuge, I draw on Esposito's affirmative biopolitics that is situated between the vitalist and thanatopolitical positions that, following Foucault, have often been argued to have shaped work on the biopolitical (see Agamben 1998; Foucault 1997; Hardt and Negri 2005). Esposito has thus been argued to be a '(post)biopolitical' thinker (Campbell 2011), whose work unpacks how 'the negation and affirmation of life – are not separate from each other, but part of the same biopolitical logic' (Vaughan-Williams 2015: 9). In rejecting a 'thanatopolitical drift' in much work on the biopolitical, which sees a concern with the politics of life replaced with the politics of death (Murray 2006), Esposito's work explores how attempts to protect and preserve life may, in their extreme, come to produce its negation. He argues that this negation is not a perversion of biopolitics as a way to secure life, but rather forms a fundamental part of how the preservation of life operates, always at a risk of undoing that which it seeks to preserve (Esposito 2011). To develop these debates in the context of the contemporary politics of asylum, it is necessary to first consider some of the key contours of Esposito's work, most notably the constitutive tension between community and immunity that orientates his account of biopolitics (Esposito 2008).

Esposito's biopolitical work is centred around three linked texts, *Communitas* (2010), *Immunitas* (2011), and *Bios* (2008), which together explore how an immunitary logic may be argued to operate throughout modern biopolitics. In making this case, Esposito's analysis begins by returning to the concept of community and recasting this as a shared experience of the improper and of obligation, based upon the root of community in *communitas*. Drawing on Nancy (1991), Esposito rejects an understanding of community as a shared identity or group to which one adds oneself;

'Against every temptation to conceive of community in terms of the "authentic" or the "proper", as the self-appropriation of one's own essence conducted by man, or by entire peoples, community always has to do with an inauthentic or improper modality. What is the "common" if not the improper, that which does not belong to anyone but instead is general, anonymous, indeterminate' (Esposito 2013: 45-46).

Esposito argues that the basis of community is not a combined identity or set of shared attributes. Rather, members of a community are tied together by a common *munus* – a task, duty, or gift that 'is to be given rather than received' (Esposito 2013: 14). Tracing the root of community to *communitas*, and *communitas* to *munus*, Esposito argues that the *munus* represents a common 'reciprocity or "mutuality" of giving that assigns the one to the other in an obligation' (Esposito 2010:5). As such;

'communitas is the totality of persons united not by a "property" but precisely by an obligation or a debt; not by an "addition" but by a "subtraction": by a lack, a limit that is configured as an onus, or even as a defective modality for him who is "affected," unlike for him who is instead "exempt" (Esposito 2010: 6).

In this way, *communitas* represents a decentering of the subject at the expense of a mutual obligation or debt to the collective. For Esposito (2013: 14) we 'need community because it is the very locus or, better, the transcendental conditions of our existence, given that we have always existed in common', and, as such, *communitas* lays bare 'the constitutively exposed character of existence' (Esposito 2006: 51). Community is here founded on the binding of members together through an 'obligation of reciprocal donation' that necessarily 'jeopardizes individual identity' (Esposito 2008: 50), through exposing self-identity to contact with others and thus risking 'the boundaries that ensure the stability and subsistence of individual identity' (Esposito 2013: 49). The implication of this line of thought, is that community is experienced as a risk to the self, an opening and obligation to otherness that connects members but that also exposes them to both the risk of unknown transformation and to a recognition of the incompleteness of self-identity (see Wilson 2017).

It is from this account of exposure that Esposito (2011) focuses on how protective responses to community are formed. Tracing connections across both legal and biomedical accounts, Esposito argues that it is in the claim and condition of immunity that community meets its constitutive other. Thus 'if the members of a community are characterized by an obligation of gift-giving thanks to the law of the gift and of the care to be exercised toward the other, immunity implies the exemption from or the derogation of such a condition of gift-giving' (Esposito 2006: 50). Immunity in legal terms refers to an individual who is exempt from obligations towards others, who is freed from the duty and debt that binds members through *communitas* and, as such, immunity is always an attribute that is "proper," in the specific sense

of "belonging to someone" and therefore "un-common" or "non-communal." (Esposito 2011: 6). It is this 'un-common' nature, which means that immunity enables the individual to defend and retain their self-identity against the exposure of *communitas* and its binds of duty. Against the obligations of a common *munus*, *immunis* are those who have 'no obligations towards the other and can therefore conserve his or her own essence intact as a subject and owner of himself or herself' (Esposito 2013: 39). Immunity allows for the reestablishment of those boundaries of the self that are otherwise threatened by communal bonds, and thus '*immunitas*, to the degree it protects the one who bears it from risky contact with those who lack it, restores its own borders that were jeopardized by the common' (Esposito 2008: 50).

At the same time, Esposito (2011) relates the legal lineage of immunity to its biomedical understanding to suggest that immunity has become a central modality of biopolitics. In this context, immunity is selectively inclusive;

'the immune mechanism functions precisely through the use of what it opposes. It reproduces in a controlled form exactly what it is meant to protect us from...life combats what negates it through immunitary protection, not a strategy of frontal opposition but of outflanking and neutralizing' (Esposito 2011: 8).

Immunity, through the production of antigens and the incorporation of a threat within the body, operates through the selective and controlled inclusion of a threat so as to develop a response to it. In doing so, the threat itself becomes 'somehow part of the body' through a process of 'exclusion by inclusion' (Esposito 2011: 8). The threat that immunity guards against in this context is never fully removed, rather it has been 'shifted, diverted, deferred', such that for 'life to remain as such', it 'must incorporate a fragment of the nothingness it seeks to prevent, simply by deferring it' (ibid). Working across these two readings of immunity, Esposito (2011) argues that immunity presents a distinct relation to otherness, one that seeks to protect and retain self-identity through the selective incorporation, pre-emption, and neutralisation of threats. It is this combination that Esposito (2008) argues makes immunity a fundamental logic behind biopolitical interventions in humanitarianism, the war on terror, and the politics of migration. The protection of life requires the simultaneous negation of life, or, more specifically, of certain lives over others (Butler 2004; Watson 2012).

The significance of this turn to the immunological is twofold. First, it is clear that the forms of pre-emptive neutralisation and securitisation that immunity represents are increasingly at the heart of many political fields (Amoore 2013; Grove 2014; Salerno 2017). As Esposito (2013: 60) argues; '[w]hat is important [today] is inhibiting, preventing, and fighting the spread of contagion wherever it presents itself, using whatever means necessary', and as such 'everywhere we look, new walls, new blockades, and new dividing lines are erected against something that threatens, or at least seems to, our biological, social, and environmental identity' (Esposito 2013: 59). Second, the immunological is important as it presents a series of risks alongside its protective claims. Work on the political dangers of autoimmunity as a condition in which immunitary measures turn in on themselves and negate that which they would otherwise protect, has exposed the risks of immunity in terms of democracy (Derrida 2005), and in terms of public culture, communal identification, and urban life (Sloterdijk 2014). Here, Esposito (2006: 51) argues that; 'immunity, which is necessary to protect our life, when brought beyond a certain threshold, winds up negating it...what safeguards the individual and political body is also what impedes its development, and beyond a certain point risks destroying it'. Articulations of refugee mobility into Europe as a 'crisis' that threatens European democracy and solidarity (Crawley 2016), and that frames refugees as a potential 'disease' on Europe and its institutions, present one example of how immunitary logics can shape discussions of the 'health' of democratic life (Bauman 2016). Immunity therefore risks not only its harmful negation in the form of autoimmune responses – a condition that Esposito argues typified the thanatopolitical logic of Nazi biopolitics (Esposito 2008) – but also, the restriction and containment of life in ever more enclosed spheres of limited exposure to difference. Contra to the risky openness of communitas, when expanded as a logic across social and political life, 'immunity encages life such that not only is our freedom but also the very meaning of our individual and collective existence lost' (Esposito 2013: 61). In this way, Esposito argues that forms of communal exclusivity and border maintenance, seek to avoid the life affirming but risky nature of 'common existence' (Esposito 2013: 44). We might see this avoidance of 'common existence' in discussions of a growth in urban enclavism and the hardening of urban borders, such that cities have been argued to become central sites within a geography of aversion to, and management of, difference (Graham 2010; Shapiro 2010).

It is perhaps unsurprising that Esposito's work has been used to explore a range of contemporary political issues. In part, this appeal comes from the contradictory tensions that Esposito exposes at the heart of attempts to immunize life, offering an account that does not

dismiss the desire for protection that immunization promises, but that foregrounds the risks that come with protection. Thus, in interpreting border controls through such a lens, Vaughan-Williams (2015: 13-14), argues that from an immunological perspective, 'EU border security practices are neither intrinsically 'good' nor 'bad', but precisely a biopolitical immune system with Janus-faced potentialities'. The critical point, Vaughan-Williams suggests, is that immunization is a necessary process that contains within it potentialities that may both enhance and diminish life. This apparent neutrality in theory is of course problematic in practice. The 'Janus-faced potentialities' of EU border practices have all too often been actualised through deadly forms of border enforcement, racist modalities of security and surveillance, and the discursive production of migrants as a biological 'threat' to Europe (Crawley 2016). In such a context, the tensions of immunology come to the fore, with Esposito (2013: 62) arguing that; 'we need immune systems. No individual or social body could do without them, but when they grow out of proportion they end up forcing the entire social organism to explode or implode'. Rather, what has orientated much recent work is a form of (post-)immunitary politics that 'embraces and negotiates this risk' (Vaughan-Williams 2015: 128), between exposure and enclosure, protection and negation, the common and the proper. In the remaining parts of this chapter, I want to develop the implications of this argument for an understanding of how distance and deferral are employed as immunological tools in the governance of those seeking refuge.

Externalisation, off-shoring, out-sourcing

In exploring the immunitary biopolitics of contemporary refuge, we might turn first to recent work that has highlighted the production and use of extraterritorial spaces as tools in the interdiction of refugees (Collyer and King 2014). From the use of island detention centres and off-shore processing zones (den Heijer 2012; Loyd et al. 2016; Mountz 2011), to international agreements designed to redirect and contain the mobility of refugees (Dickson 2015; Rajaram 2003), measures to manage refugee mobility have increasingly focused on maintaining the distance between refugees and the nation-states of the Global North. In this context, as Crawley (2016) argues, Europe's response to the apparent 'refugee crisis' must be read as both a collective denial of responsibility for refugees, and a collective desire to externalise refugee processing, support, and containment (see Rajaram 2013 for a historical perspective).

Across this work, two core trends are evident. First, is the enrolment of often remote or geographically marginal territories as sites of border enforcement and processing (Bialasiewicz et al. 2009; Mountz 2011). Examples include, the use of island states such as Nauru and Manus as detention facilities by the Australian government (Rajaram 2003), a renewed agreement between Italy and Libya to contain migrants in Libya and halt onward migration in return for training, equipment, and money from the Italian government (Dearden 2017), and more broadly, the European Union's co-option of Southern Mediterranean and North African countries into a regional geography of securitised migration management, with EU leaders in 2017 offering support to Chad and Niger in promoting enhanced border control measures and 'offshore' asylum processing (Collyer 2016; Samuels 2017). Second, is the simultaneous enrolment of private actors in the process of migration management and border enforcement. This includes, the establishment and running of immigration detention facilities (Hiemstra and Conlon 2017), the coordination of deportation regimes (Anderrson 2014), and the effectiveness of private security firms in influencing policy priorities in the management of migration (Martin 2017; Menz 2011).

Taken together, these trends reflect aspects of the spatial exclusivity, enclavism, and border maintenance that Esposito (2008, 2013) associates with an increasingly 'immunological drift' in contemporary politics. In the context of the extraterritorial management of asylum, it is the establishment of distance that serves an immunitary function, as a governance tool that mediates, filters, and halts the potential circulation of perceived threats (Esposito 2006). A turn to the extraterritorial, the off-shore, and the out-sourced, is thus a turn to establishing and employing distance as an immunitary device. In physical terms, this occurs through the enforced mobility of asylum seekers to marginal spatial locations and their containment and confinement, such that the visibility of asylum and refuge is diminished to those within the nation-state. Importantly, the spatial marginality of asylum this creates, serves to hinder attempts to organise political campaigns or activism around the experiences of asylum seekers. Whilst social media and digital technologies do allow the communication of testimony and the mobilisation of counter-narratives (Whitlock 2008), the proximate relations and support that advocacy and activism are often built upon are denied in these instances (Gill 2009). At the same time, the privatization of migration management serves to decouple potential links between asylum seekers and the state to which they may address claims for refuge. Privatization acts as a means to defer responsibility from the state onto a contractor acting in the name of that state. This is a distance that the state can decide to bridge at key points, through communicating decisions on cases or detaining individuals (Darling 2014b), but this is rarely a reciprocal arrangement as asylum seekers are confronted not with the state directly, but with its privatized proxy.

However, whilst processes of distancing and deferral illustrate aspects of an immunological border politics operating 'outside' the traditional territorial boundaries of the nation-state, there is also a need to examine the mirroring of such processes 'within' the nation-state. And, in doing so, to move beyond a focus on the continuation of detention measures within the UK as a means of containment (Gill 2009), to consider how policies to house asylum seekers draw cities into relation with asylum as a political concern. Importantly, these are interlinked, rather than distinct, domains of immunological practice, and this is significant because Esposito's (2011) account of immunity is not simply about filtering and excluding difference, but rather it represents immunization as a particular relation to difference. Immunity is intimately linked to the risks and potentialities of community. Yet focusing solely on bordering practices that establish distance extraterritorially, does not enable an analysis of this relation as the immunitary biopolitics enacted here is one that is enclosing, exclusive, and averse to contact. This first set of examples must thus be supplemented with an engagement with Esposito's (2011) second reading of immunity as a biomedical condition of inclusive exclusion. It is here that a more complex relation with community is established, highlighting that immunity may be a relation of closeness and distance at one and the same time, as it necessarily 'entails the presence of a negative driving force (the antigen) which it must not simply eliminate, but rather, recognize, incorporate, and, in this fashion alone, neutralize' (Esposito 2011: 160). To explore this argument, I turn to the politics of distance and deferral established through the UK's asylum dispersal programme.

Regulating the other 'within'

Since 2000, the UK has operated a dispersal system for the accommodation of asylum seekers. This means that after an initial period in temporary reception centres, asylum seekers are relocated to towns and cities across the country to be accommodated whilst awaiting decisions on their asylum claims (see Robinson 2003). The location and type of accommodation provided is on a 'no choice' basis, and this lack of autonomy has been argued to mean that dispersal serves to further marginalise and socially isolate asylum seekers, as links with existing social

networks or communities of support are often broken through enforced mobility (Bloch and Schuster 2005; Hynes 2009; Hynes and Sales 2009).

It is in the structuring of dispersal as a system of accommodation based on enforced mobility that we see the first parallel to the immunological politics of distance noted in the extraterritorial context above. Whilst in theory, dispersal was established as a policy to ease a perceived 'burden' on London and the south east of England, and promote a more equitable distribution of asylum seekers across the country (Home Office 1999), the reality has been one of significant regional and local disparities in where asylum seekers are located (Phillips 2006; Home Affairs Committee 2017). In its earliest guises this disparity came from a distribution of local authorities able to enter into agreements with the UK Home Office to accommodate asylum seekers. This required local authorities to have existing and available social housing stock that could be used at relatively short notice. The result was a landscape of dispersal focused predominantly on deindustrialised cities and towns across the north of England, Scotland, and Wales. Cities like Glasgow, Leeds, Sheffield, Cardiff, and Newcastle, viewed dispersal as a way to both meet a demand from the Home Office for accommodation, and at the same time enable otherwise unprofitable and hard-to-let social housing to generate an income. The result was a radical shift in the geography of asylum support in the UK, as asylum seekers who had been free to seek support from any local authority under previous legislation, were now required to make centralised claims and await transport to newly established dispersal locations (Weber 2012). Importantly, such locations were dictated by the availability of low cost housing, and thus, as Phillips (2006: 545) argues, asylum seekers during this period would 'often end up in deprived estates in low demand areas, characterised by poverty, community tensions and crime'. These were areas not accustomed to the specific support requirements of asylum seekers and at the same time, were areas themselves suffering from multiple forms of vulnerability, underinvestment, territorial stigmatisation, and pressure on social care and support services (Darling 2016a, 2016b).

Dispersal thus represents a policy that manages the mobility of asylum seekers, through fixing them to specific and known addresses, and that places asylum seekers in often physically and institutionally marginal urban locations. For these locations, dispersal was also the first point at which cities and their populations came into any sustained contact with asylum seekers in the UK, thus demanding the development of new forms of support, knowledge, and often intercultural competencies. Unlike the immunological distancing evident in policies of

extraterritorial processing and detention, dispersal could be argued to reflect a meeting of the nation-state's obligations to those seeking asylum, and the establishment of a proximate relationship between asylum seekers and the state. The internalisation of asylum seekers that dispersal represents – an accommodation within – might be seen as a counter to the immunitary externalisation noted so far. However, if we consider the conditions that manage such incorporation, from enforced mobility and regular reporting requirements to restrictions on the right to work and study (Darling 2011), dispersal might be read in the biomedical sense of an immunitary function, as much as in a legal sense. Considering both of these readings of immunity, allows us to explore how dispersal interweaves relations of proximity and distance in ways not immediately obvious in the extraterritorial case. It also highlights how immunization, as an incomplete and imperfect process, is shaped by the urban contexts through which it is operating.

In the legal sense, as a signatory of the 1951 Refugee Convention, the UK has a duty to provide accommodation and basic support to those who have sought asylum, and who have not yet been given a decision by the state. Yet at the same time, it bears no duty to make that accommodation, or that experience, a comfortable one. Indeed, it has been argued that measures such as dispersal and arbitrary detention are intended to ensure that the asylum process is an inherently unwelcoming one so as to act as a potential deterrent to others who might seek sanctuary (Bloch and Schuster 2005). In this sense, dispersal does not effect a legal immunity, it does not evade responsibilities and obligations in the way that many extraterritorial measures may do. However, in the biomedical sense we might consider how dispersal enables elements of a perceived mobile threat to become part of the body politic, albeit on a temporary and conditional basis. This incorporation serves two purposes. First, it enables the management and regulation of mobility such that a tolerance towards the perceived threat of asylum seekers can be developed. The language of tolerance is significant here not simply because it carries with it biomedical associations, but because those associations have informed political critiques of tolerance as an assumed virtue of political liberalism (Brown 2006; Derrida 2004). Indeed, as Brown (2006) argues, the role of tolerance in 'regulating aversion' and managing difference through practices of conditionality and containment, serves to maintain hierarchies of power and position (see Wilson 2014). As a mode of 'regulating aversion', dispersal provides a means of managing an exposure to difference that is legally required. The geography of dispersal thus serves to insulate some towns and cities from ever coming into contact with asylum as a lived experience, whilst others become a focal point for

such contact (Cheshire and Zappia 2015). Second, dispersal offers a way to both meet an international obligation, and to avoid the risk of unwanted contact or the articulation of wider responsibilities. In this sense, dispersal illustrates many of the characteristics of the liberal governance of refuge more broadly, of an intertwined system of 'compassionate repression' (Fassin 2005), humanitarian borders (Little and Vaughan-Williams 2017; Williams 2015), and the binding together of obligation *and* avoidance – a simultaneous closeness and distance that can arise only through the careful regulation of those allowed within the body of the nation-state.

Privatization and the aversion of the common

If dispersal has served as a policy that establishes an immunological tension of inclusive exclusion, the nature of this process changed significantly in 2012. Up until this point, in the majority of cases accommodation for asylum seekers was provided either directly by local authorities, or through mixed consortiums that retained local authority involvement. In 2012, the Home Office signed a series of six centralised contracts passing accommodation and support to three private contractors - the multinational security services company G4S, the international services company Serco, and the accommodation partnership Clearel. Together, these contracts were known as COMPASS (Commercial and Operating Managers Procuring Asylum Support). Announced in the context of a government-wide austerity drive, the COMPASS contracts became a key means through which the then UK Border Agency sought to make 'efficiency savings'. There are multiple connections to be made here between dispersal and austerity, not least in how both areas of policy seek to fiercely restrict levels of entitlement (Darling 2016b). However, here I want to focus on the effects of privatizing dispersal as an expression of an immunological politics operating 'within' the nation-state. To do so, I draw out three effects of privatization.

First, the process of privatizing dispersal has served to displace and defer responsibility for asylum seekers. Privatization has meant that local authorities no longer have a clear role in engaging with asylum seekers dispersed to them. Together with the cuts to local authorities that austerity has affected across the UK (Hamnett 2014; Kitson et al. 2011; Newman 2013), this has meant that local authorities no longer have the remit, nor the capacity, to form a significant part of the dispersal process. The effects of this have been to remove the knowledge, experience, and integration expertise of local authorities from the landscape of dispersal

(Darling 2016b), and to transfer responsibility for vulnerable individuals to providers who are both new to this field and who lack the contextual knowledge and expertise that is required to support asylum seekers effectively. At the same time, the three centrally contracted providers of COMPASS employ a range of subcontracting chains and networks in order to provide and procure properties to meet the needs of the Home Office. This has the effect of both deferring responsibility between agencies and making the clear attribution of accountability opaque, and of ensuring that complaints about property standards, locations, and the treatment of asylum seekers by staff are hard to maintain as complainants are passed between subcontractors, providers, and the Home Office (Darling 2016a; Scottish Refugee Council 2015). The first effect of privatization has thus been to displace responsibility for asylum seekers from a local authority model that whilst far from perfect was more directly, and visibly, accountable to both asylum seekers and other residents.

Second, it is important to recognise the political message that is sent by the privatization of accommodation for asylum seekers. Privatization not only removes the issue of asylum support from public visibility and makes accountability harder to ensure, it also transmits a message that this is an area of policy that can be, and should be, made profitable for those providers well-placed to meet the terms of a contract. In effect, the accommodation and support of vulnerable individuals becomes not a public concern or responsibility, but a site of market exchange, calculation, and demands for efficiency (Darling 2016a). This is an intervention which can itself be argued to form a minor part of a much broader biopolitical project to govern populations in the name of national economies and to assign value to life according to calculations of a potential return on any investment (Murphy 2017; Povinelli 2011). The importance of this shift in accommodation though is both in how it illustrates the transmission of neoliberal market logics into new domains of public policy, and in how a focus on contracts and economic efficiency can serve to present those domains of policy as managerial matters of limited public concern. Privatization therefore plays a key role in the post-democratic depoliticisation of public policy (Crouch 2004; Darling 2014a, 2016a), as market-orientated solutions are posed as 'common sense' responses to an increasingly wide-array of issues (Brown 2015). The post-democratic nature of dispersal as a policy arena rarely discussed beyond the narrow specifics of numbers and limits, serves to further distance asylum seekers from the multiple publics that they live alongside, and from imaginaries of alternative ways of providing support (Darling 2016a). Whilst at the same time, dispersal and asylum policy risk becoming further elements within an argued depoliticisation of urban governance, whereby

issues of social rights, services, and entitlements are increasingly removed from public deliberation and positioned as primarily managerial concerns (MacLeod 2011). In this context, the ability to politically articulate a sense of common cause across diverse interest groups, and to position the rights of asylum seekers alongside other struggles for rights to the city, is made all the more challenging.

Third, whilst the politics of asylum have always been shaped by categories of legal status and perceived 'worthiness' for support (Sales 2002), the privatization of dispersal accommodation has extended the projection and impact of such distinctions ever more starkly. In response to the humanitarian crisis in Syria, in 2015 the UK government announced plans to establish the Syrian Vulnerable Persons Resettlement Scheme (SVPRS), a refugee resettlement programme to take 20,000 Syrian refugees from the region and resettle them in the UK. The SVPRS was to run on the basis of accommodation and support provided by local authorities, in contrast to the privatized provision of the dispersal process. The effects of which has been the establishment of a two-track system of accommodating refugees and asylum seekers across the UK, despite warnings that such a system would cast those already in the asylum system as less 'deserving' of support (Home Affairs Committee 2017). The morally normative distinctions established here, between refugees and asylum seekers, and between those who 'wait' to be resettled and those who move without prior authorisation, are both problematic and longstanding within the politics of refuge (Zetter 2007). However, the privatization of one element of this process, and its provision by a number of companies known for their security work, serves to add suspicion and doubt to the legitimacy of entitlements to support for those in the asylum system. The removal of one side of this two-track system from public provision further questions its legitimacy as a matter of collective responsibility.

Each of these elements of privatization has in some way contributed to the production and maintenance of distance between asylum seekers and both the state and the public in the UK. Be that through the deferral of responsibility for addressing the concerns of asylum seekers, through the roll-back and regression of public services equipped to support asylum seekers, or through the discursive framing of asylum seekers as 'burdens' to be managed by private security contractors rather than social care professionals or public servants (Darling 2016a). In each case, the privatization that COMPASS puts in place, has not radically altered dispersal policy itself or changed its core stated intentions, it has served to further insulate that policy from both criticism and from the proposal of alternative models of accommodation and support.

The privatization enacted through COMPASS might thus be read as a form of enclosure, for while 'enclosure is rightly seen as a technology of dispossession and subjection, it also speaks...to the foreclosure of alternative forms of 'sociality' that strive to imagine and represent that which is ultimately common' (Vasudevan et al. 2008: 1644, original emphasis). The tension exposed here between the enclosed and the common returns us to the immunitary politics that opened this chapter. For if dispersal operates as a policy that attempts to manage and control a set of obligations to others, then privatization establishes a set of barriers between those obligations and the nation-state. Privatization operates as an immunitary device, a way to offset and defer responsibility to other actors on the one hand, and at the same time, a way to present the issue of asylum as one that is precisely 'un-common', not a collective or common concern that would require forms of solidarity or sociality to emerge in response. The effect is not to fully immunize the nation-state from its obligation to asylum seekers, that form of legal exemption would not be possible within the 1951 Refugee Convention, but rather to encase and enclose obligations in cycles of contractualism and economic efficiency, and in doing so, to increasingly remove them from the realm of public consideration. Such tendencies have been argued to lie at the heart of the 'post-democratic city', wherein opportunities for articulating an urban commons of political influence that responds to the claims of citizens and non-citizens alike have been narrowed. Through dispersal and its privatisation, accountability and responsibility for the lives of asylum seekers are removed from any remaining sense of this urban commons, as asylum seekers are discursively positioned as subjects of private authority, crucially at a remove from the cities in which they are accommodated.

We can see this logic in action if we consider Pellizzoni's (2011: 229) argument that the rise of contractualism in public policy reflects an 'immunizing drift'. As such;

'a contract entails a strict definition of the terms of exchange and a permanent liquidation of obligations. Contract allows fulfilment of one's desires without engaging in personal, enduring relationship with others...Contractual obligations thus epitomize immunization as self-referential interiorization of exteriority' (ibid: 230).

In the contractual obligations and exchanges of COMPASS, dispersal becomes a system through which the nation-state is able to transfer responsibilities and obligations for asylum seekers to others, and critically, to position these responsibilities as no longer of public concern. Thus, if responsibilities are displaced to contracted private actors, they are also expected to

bear the risks of not fulfilling those responsibilities. In this way concerns over poor housing standards, abusive treatment within the asylum system, and inadequate support, can all be outsourced, without the risk that such concerns become amplified and broadened into critiques of the dispersal process itself.

Privatization therefore helps to immunize as it enables the issue of asylum accommodation and support to be contained and enclosed – a meeting of contractual obligations that does not become a call for communal identification with others. This is the insulating loss of communitas that Esposito (2010) fears when a drive to immunization takes precedence over all else, when the relation that immunity describes is experienced as only a regulatory barrier and not also as a point of contact. We might see parallels here to Friese's (2010) discussion of how migrants have been received on the island of Lampedusa, and how localised cultures of informal hospitality have been undermined with the emergence of professional support services. In this case, gestures of hospitality enacted by local residents, were transformed into forms of 'good practice', and migrants were confined to segregated spaces and removed from public view as they became part of an emergent economy of 'welcome' and 'migration management' (Friese 2010: 334). The significance of this transformation is in how the enrolling of private actors and professional services can act to not only enclose mobility, such that migration and its 'welcoming' becomes a procedural matter, but also that this insulation leaves no opportunity for other forms of relation to develop. What is lost in this context, and through the privatization of dispersal, is an exposure to others in ways not directly managed by a system of enforced mobility, or by a contractual relationship that conditions the forms contact will take. The immunitary logic that shapes dispersal as an inclusive exclusion within, and that has been extended through privatization, seeks to avoid the contingency of urban life. Immunity in this context aims to avoid the encounter as a potentially transformative site of disruption and shock (Wilson 2017; Wilson and Darling 2016). Encounters make a difference through exposing the self to otherness in unprepared-for ways (Wilson 2017), and in doing so they challenge the self-identification of immunity, and speak once again to the bonds of communitas, of mutual obligations, ties, and the fundamentally insecure status of the self.

Conclusion

In this chapter, I have highlighted three ways in which an immunitary biopolitical logic intersects with the politics of contemporary refuge. In particular, I argued that practices of

distancing, the deferral of responsibility, and the privatization of state functions, each serve to produce immunitary borders within and beyond the territorial limits of the nation-state. For Esposito (2011), immunitas is a form of relation between the proper and the common, the individual and the collective, the internal and the external. Following this line of biopolitical thought, I have demonstrated some of the ways this relation is established, maintained and informs contemporary politics. In part, this is achieved through a practice of distancing asylum seekers from the nation-state. Yet this aversion is never complete, either practically or philosophically. Rather, immunity is also about a conditional and often life-affirming incorporation that may protect the body from potential threat. It is here, in the conditional incorporation of asylum seekers, that immunitary biopolitics operates 'inside' the nation-state. Distance still plays a role in this context, but it is also transformed into a displacement of responsibility and a privatization of support, such that asylum becomes a private, rather than a public, matter. Importantly, as I have argued, through this process asylum becomes a geographically uneven urban concern. Dispersal establishes a fragmented geography of immunization, in which cities exposed to the needs of those seeking refuge enable others to ignore and evade such needs. In the UK, this fragmented geography of contact forms part of a wider landscape of urban inequality and territorial stigmatisation, which has been argued to categorise marginal populations according to normative measures of productivity and desirability (Tyler 2013). The labelling of asylum seekers as 'burdens' for cities to bear, is thus mirrored in the stigmatisation of welfare claimants, such that attempts to affect the mobility of the poor through housing policy present a similar logic of selective mobility and social cleansing (Cheshire and Zappia 2016; Waquant 2009). It is only in beginning to explore the connections across these different spaces and articulations of the immunological that the nature of biopolitical borders may be fully understood.

There is, of course, a need for caution here too. Not least in being cognisant of the pitfalls of using a biological language in relation to the politics of asylum. This is a tension that has surrounded many recent attempts to account for the biopolitical dimensions of contemporary bordering and the necropolitical consequences of such bordering, from the terminology of waste and excess matter (Bauman 2003), to the less-than-human designation of a 'zoopolitical' border (Vaughan-Williams 2015). In cautiously taking forward an account of the immunitary politics of asylum, there is a need to address two further concerns that I have only briefly sketched. First, is the need to explore more fully the implications, both conceptual and practical, of autoimmunity and its excesses of violence and destruction given the centrality of

this condition to political readings of immunization (Derrida 2005; Deutscher 2013; Esposito 2008). Second, is the need to detail how attempts at immunization may be resisted, challenged, or reworked through the agency of those in the asylum system. Beyond this, we might ask whether immunization is open to inversion, to pose the question of how asylum seekers may seek to not only be part of the common obligations of community, but may also wish to evade such obligations and find ways to immunize oneself against the violence of the state.

In concluding however, it is important to note that Esposito's (2008) account of biopolitics is one that seeks an affirmative relation with difference. And it is here that we might see a more positive account of immunitary politics. Whilst immunity can enclose, stultify, and impede life through an aversion to difference that risks auto-immunization and stagnation, Esposito (2011: 166) notes that immunity is also central to a 'conception of identity as a system open to the challenges of the outside world'. Returning to a biomedical account of immunity, he argues that the immune system is one that relies upon communication and an engagement with otherness in order to function. It is a system of constant alteration and change, of bodily becoming and learning as new elements are taken into account and bodily responses modified in relation to them. Thus:

'The equilibrium of the immune system is not the result of defensive mobilization against something other than self, but the joining line, or the point of convergence, between two divergent series. It is not governed by the primacy of the same over the like and the like over the different, but by the continuously changing principle of their relationship. In this sense, nothing is more inherently dedicated to communication than the immune system. Its quality is not measured by its ability to provide protection from a foreign agent, but from the complexity of the response that it provokes: each differential element absorbed from the outside does nothing but expand and enrich the range of its internal potential...At its foundation there does not lie the remembrance of an uncontaminated genetic principle, but the experience of its own original alteration. Before any other transformation, each body is already exposed to the need for its own exposure. This is the condition common to all that is immune: the endless perception of its own finitude' (Esposito 2011: 174).

Viewing the immune system as one of communication and transformation, of the constitutive requirement of exposure, might propose an account of biopolitical borders that seeks not to abandon protection or evade immunization, but rather that seeks to negotiate an exposure to difference that is recognised as common. The challenge, as Esposito (2013) proposes it, is to avoid both a militarised immunization that seeks to excessively enclose at the risk of dismissing all that is potential in an engagement with the foreign, and at the same time to recognise that immunity is essential for the protection of life itself. It is precisely this complex interplay between communication, transformation, exposure, and protection that is lost in the attempts to immunize the nation-state from its obligations to those seeking asylum that I have discussed throughout this chapter. In each of these cases, from the extraterritorial distancing of refugee lives, to the deferral of responsibility for asylum seekers to private interests and logics of economic efficiency, it is the 'equilibrium of the immune system' (Esposito 2011: 174) that has been reworked to serve the interests of some other those of others. Whilst is it important to explore ways to rebalance such an equilibrium, recognising the limits of immunity and the promises made on its behalf, presents a critical first step in the politics of refuge.

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