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Epidemics in Europe's Refugee Camps: A Tale of Two Eras

Doina Anca Cretu *

“We live very badly here. Up to 60 children die every day. (...). If no help comes from God, we will all perish miserably. The children cannot tolerate the food that is given here, because the food is worse than what the pigs eat. (...) So I'm afraid that we will get sick because of a major childhood illness. Here you die in 48 hours as if you were slaughtered.” – Refugee Sandina Re Letter, Gmünd Camp, 1915¹

“The people are scared because when the virus come [sic] here nobody can save their life.” – Refugee Mahtab Moradi, Moria Camp, March 2020²

Sandina Re was one of the approximately 1 million displaced people of the Austro-Hungarian Empire during the First World War. An Italian refugee, she was placed in Gmünd, one of the camps established by state authorities in Lower Austria and designed to halt the forced mobility that the war had generated. Sandina Re's testimony reveals a grim camp experience, marked by hopelessness, as poverty, starvation, and related illnesses ravaged the refugee population. Epidemics devastated the military and civilians of the Empire since the early days of war. Then, refugees and their mobility quickly became conflated with the spread of viruses, bacteria, or parasites; this ultimately led to their containment in approximately 30 refugee camps settled primarily in the Austrian part of the Empire. The looming presence of disease has also marked the displacement experience in Greece's refugee camp of Moria in early 2020, as the COVID-19 pandemic spread quickly in Europe and beyond. Mahtab Moradi, a 13-year-old Afghan refugee, has lamented the lack of care and the abandonment of refugees, whose plight for asylum and their safety were practically discontinued in the name of virus containment.

Sandina Re's and Mahtab Moradi's testimonies were recorded in two distinct eras and yet they tell a similar story of hopelessness and devastation. This essay is a reflection on the ways state leaders' discourse and policy have conflated refugee encampment with the fight against disease in the era of the Great War and in the era of COVID-19, respectively. While over 100 years apart, these two moments point to a single tale of refugee experience, as encampment in times of epidemics has led to hyper-securitization, as well as dehumanization and criminalization of forcefully displaced migrants, often in the name of disease control.

The Great War Era

In 1914 the First World War started, as the Austro-Hungarian Empire invaded Serbia. The first few weeks of fighting caused casualties among soldiers, as well as civilians living in proximities of frontlines. At the same time, a wave of epidemics such as typhus, malaria, cholera, tuberculosis, smallpox or dysentery commenced and it eventually marked the war experience of the military and of the population on the home front. By 1918, the influenza pandemic exploded and caused havoc in belligerent states, as well as in neutral territories. Wartime disease, as well as the post-conflict pandemic turmoil, killed more people than direct clashes did, and



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weakened armies and civilians living in and out of theatres of war.³ One of the main causes of the spread and effects of epidemics was the heightened wartime mobility of both soldiers and civilians. The latter's forced displacement generated an acute crisis, as millions of people were forced to flee warzones or were urgently evacuated by state armies. This was the case within the Austro-Hungarian Empire, as over 1 million people were forced to leave their homes and seek shelter somewhere in the hinterland.

In the early days of war, a large majority of Austria-Hungary's refugees were housed in Vienna, Prague or Budapest. At the same time, the state quickly organized the making of refugee camps, hastily planned to contain the movement of people within the Empire. The destruction, as well as the length of the war, caught Austro-Hungarian authorities by surprise and the first year of the conflict revealed a deeply seated unpreparedness and miscalculation of resources.⁴ The mass displacement that emerged in the very early days of the war further complicated matters and the placement and containment of refugees in a system of encampment became a tangible solution to constrain mobility. However, poor transportation conditions, the underdeveloped infrastructure of the quickly-built camps, the dire state of food provisions, and precarious disease prevention measures led to the fast spreading of illnesses and a growing mortality caused by measles and typhus among refugee children in particular. Taking this context into consideration, it is my view that the growing concerns regarding the epidemics, reportedly high mortality rates, and the potential spreading of disease into local communities led to a swift, reactive humanitarian mobilization among state authorities. Revision of food quality, planned nutrition schemes, improvement of infrastructure, and the gradual professionalization of camp management, particularly in the realm of public health, made up a series of emergency measures. However, this gradual humanitarian mobilization overlapped with the growing criminalization of the refugee and the conflation of displacement with disease spreading.

Authorities inculcated the practice of disease containment in agendas of refugee management through a system of encampment during the war. This was, in fact, evident early on, as the initial rationale behind the organization of refugee camps was deeply embedded in ideas of needed separation and exclusion of refugees, the "quintessential" carriers of disease: "in big cities or rural areas...every type of control, especially those of a sanitary nature, would become impossible."⁵ Refugees were, for the most part, considered "unwanted," disruptive groups landing in local communities, using the already-limited resources, and endangering settled societies. The belief that refugees were, by and large, dirty carriers of disease arguably shaped encounters with so-called host communities. This sentiment was evident in complaints regarding the refugees' use of public transportation, for example, and the dangers of sickness as they were transported from one location of containment to another.⁶ Furthermore, refugees themselves lamented locals' rejection, sometimes violent, because of fear of disease.⁷ Migration panic was, ultimately, equated with infection panic. Thus, refugees' mobility caused protracted anxieties and its limitation became an ideal practical avenue to suppress authorities' and people's fears of danger posed by seemingly foreign bodies.

Local officials and administrators implemented various measures to contain epidemics within refugee camps, largely through aggressive intervention. While medical personnel became increasingly present in the camps, strict hygiene measures also included aggressive quarantines coupled with sharp securitization through physical and human infrastructure (i.e. use of barbed wire, augmented police control). Furthermore, as epidemics continued to cause havoc, administrators made allegations of refugees' hostility against hygiene measures. For instance, officials accused refugees of hiding sick children from authorities and thus knowingly spreading measles or typhus. Allegations of "uncivilized rejection" of modern healthcare in camps became a leitmotif of state-driven emergency relief of the sick. In this context, authorities preferred a militarization of hygiene under the guise of relief action, as they separated children from parents, imposed strict quarantine measures, or moved what they considered problematic and ill refugees into more contained locations, where infections were not to pose any danger to administrators or local communities.⁸

However, for many refugees like Sandina Re, this extreme intervention was a mere shaming of their existence. The realities of their living conditions trumped preconceptions of their inherently infections-carrying bodies. The cold, poor nutrition, and generally ragged clothing broke refugees' immune systems. State authorities partially responded through the aforementioned humanitarian response. However, the blame for disease remained heavily on the refugees themselves, leading to extreme measures of securitization of the camps.



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The COVID-19 Era

In early September 2020 news outlets alerted that Moria, Europe's largest refugee camp placed in Greece, burned down. Officials and aid workers on the ground then claimed that the fire was started as a desperate objection to continuously enforced strict quarantine of the refugees. As the COVID-19 pandemic has caused mayhem in Europe, refugees landing on the shores of the continent have remained stuck, heavily securitized, surrounded by barbed wire and police forces. Moreover, they have been left hanging, without any further bureaucratic support to apply for asylum, and with limited access to food and healthcare. Unlike the First World War era, non-governmental organizations, alongside agencies of international organizations, such as the UNHCR, have represented key actors in assisting refugees in Europe's camps. However, due to ever-restrictive mobility and little possibility to travel and reside abroad, many health workers and volunteers left the sites of refugee camps in the spring of 2020. In this context, state authorities have taken on the mantle of responsibility for refugee assistance and the management of camps. However, state-driven efforts to aid have been limited and they have involved an instrumentalization of refugee encampment as part of the COVID-19 management policy.

The dire conditions in Moria in Greece or in Calais in France have become well-known since the large wave of refugees of the mid-2010s have arrived in Europe from various conflict zones. The commitment of individual states in the European Union has been long debated and politicians have used and abused the rhetoric around "migration panic" in election campaigns. COVID-19 has arguably added a new layer to the politicization of the fear of refugees as the perceived dangers of their inherent mobility have been directly conflated with virus transmission.

In general, Europe's refugee camps have yet seen a dramatic explosion of COVID-19 cases. Indeed, testing remains limited in these sites; however, various reports have pointed to the fact that infection has been, for the most part, kept at bay. Refugees have been kept outside local communities in Europe and containment measures around camps have been mostly maintained in place. However, despite a rather limited number of cases found in refugee camps and despite an already-established system of containment, the crisis generated by the 2020 pandemic saw an increased weaponization of disease and criminalization of migration. At a time when widespread mobility of the population has almost become a luxury, measures to contain refugees in Europe's camps have aggravated and authorities' discourse and practice regarding refugee reception has shown little openness. For instance, Austria's Chancellor Sebastian Kurz rejected the potential acceptance of refugee children who were further displaced after the Moria fire in September 2020.⁹ Further, a Deutsche Welle report from Calais, one of Europe's biggest camps, noted that refugees were no longer allowed to leave the camp and were banned from going into town for food provision.¹⁰ Italian authorities have notably left migrants float in boats for weeks as they claimed that Lampedusa was overwhelmed due to extensive quarantine rules.¹¹

The criminalization of migration, the conflation of the refugee with the spreading of virus, and the hyper-securitization of camps in the name of COVID-19 protection has been particularly jarring in Greece. Members of the Greek government have time and time again equated refugees' containment with the halting of the coronavirus spreading, despite the fact that existent data shows that refugees have caught COVID-19 at a lower rate than Greek citizens. The government spokesperson, Stelios Petsas, has often asserted that a large proportion of the COVID-19 cases in Athens has come from refugees.¹² Relatedly, the Minister of Health, Vasilis Kikilias, has argued in favor of quarantining "asymptomatic young people...mainly immigrants, refugees with COVID, so as not to create a further problem in the center of Athens."¹³ Following the fire in Moria, many refugees were transferred to another camp in Lesbos; while some tests were performed, many refugees were left unchecked, driving Médecins sans Frontières representatives to criticize the limited attention to this situation. Like Moria, the camp in Lesbos has been a site of poor hygiene, food deprivation, and limited access to education; ultimately, this has become an area where an arguably practical imprisonment of migrants has been possible, while the oft-repeated measures of social distancing and hygiene remain ubiquitous.¹⁴

The COVID-19 crisis has also halted the asylum process for many refugees. In general, these camps have been transitory sites, where humanitarian aid could be delivered not only through medicine and food, but also through bureaucratic support. However, according to the latest UNHCR report of November 2020, the process of asylum has also been fractured, slow, and even interrupted until further notice across Europe.¹⁵ Bill Frelick, the director of Human Rights Watch's Refugee and Migrants Rights Division, has lamented



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that Europe's governments have been using COVID-19 as a pretext to block people from the right to seek asylum. "It runs roughshod over the basic principles of refugee protection," Frelick commented.¹⁶ In general, his concerns mirror the recurrent political discourse and fractured practical approaches regarding the refugee reception in the COVID-19 era. After all, state authorities have showed more attention towards making a regime of immobility rather than addressing the urgent medical needs of the refugee population.

A Final Reflection

Histories of displacement and related refugee experiences cannot be simplified in terms of repetitiveness, or linear progression or regression of migration governance. However, the era of the Great War and what we can now call the era of COVID-19, respectively, reveal a recurrence in political rhetoric and practice: the nexus between the refugee's mobility and the diffusion of disease. Historian Tara Zahra has pointed to the dichotomous symbolism of refugee camps in modern history: on one hand they are intended to be emblems of state sovereignty. On the other hand, they are a manifestation of state weaknesses.¹⁷ This was certainly the case during the First World War, as European empires were on the brink of collapse, as governments were feeble, unprepared, and fearful of anarchy. A security apparatus through a system of encampment and a militarization of hygiene was, in the case of Austro-Hungarian authorities, a means to strengthen the state at a time of feeble sovereignty in the maelstrom of the First World War. Since then, a plethora of non-governmental and international organizations that target the relief and rehabilitation of refugees have emerged, giving leeway to a complex international regime of displacement management. However, the era of COVID-19 has revealed the limits of these non-state actors to aid, as the pandemic arguably exacerbated the ways refugees' fates have ultimately depended on state leaders' whims surrounding material and bureaucratic assistance of the displaced. In the end, the preconception of the inherently diseased refugee, and the related discourse and policy, has given some truth to Hannah Arendt's claims of the rightlessness of the displaced.¹⁸

Doina Anca Cretu

* PhD, Research Fellow ERC Consolidator Grant UnRef: Unlikely refuge?
Refugees and citizens in East-Central Europe in the 20th Century



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¹ Beschwerden der Flüchtlinge in Steinklamm, Gmund, Mitterndorf, Bruck a.d.L., Karton 340, Stammzahl 3775, Pras P 1918, XII a 1-380, Niederösterreichisches Landesarchiv (NOLA), St. Polten, Austria.

² Taken from "At Greek refugee camp, there are few defenses against COVID-19 threat," PBS News Hour, 30 March 2020; accessed at <https://www.youtube.com/watch?v=3TQslFF-lok&t=249s>

³ See Doina Anca Cretu, "Health, Disease, Mortality; Demographic Effects," in: 1914-1918-online. International Encyclopedia of the First World War, ed. by Ute Daniel, Peter Gatrell, Oliver Janz, Heather Jones, Jennifer Keene, Alan Kramer, and Bill Nasson, issued by Freie Universität Berlin, 17 November 2020.

⁴ Cretu, "Health, Disease, Mortality; Demographic Effects."

⁵ Instruktion betreffend die Beförderung und Unterbringung von Flüchtlinge aus Galizien und der Bukowina, 15 September 1914," Fach 36, Karton 341, Ministerium des Außern, Haus-, Hof- und Staatsarchiv, Vienna, Austria

⁶ "Gmunder Bezirk," Österreichische Land-Zeitung, 17 July 1915.

⁷ For example testimonies of Italian refugees can be found in Josip Vretenar and David Orlovic, *I Giorni a Wagner* (Rovigno: Centro Ricerche Storiche, 2016);

⁸ Bekämpfung der Kindersterblichkeit in den Barackenlagern, Karton 710, Stammzahl 1861, Pras P 1916, Xlla 1-E, NÖLA, St. Pölten, Austria.

⁹ Jan Michael Marchart, "Ex-Flüchtlingskoordinator Konrad findet die Kurz-Linie zu Moria "unerträglich"" *DerStandard*, 22 September 2020; accessed at <https://www.derstandard.at/story/2000120175039/ex-fluechtlingskoordinator-konrad-an-kurz-das-lasse-ich-nicht-gelten>

¹⁰ Lisa Louis, "In lockdown: Migrants in France up against pandemic, police abuse," *DW News*, 5 May 2020; accessed at <https://www.dw.com/en/in-lockdown-migrants-in-france-up-against-pandemic-police-abuse/a-53334045>

¹¹ Alessandra Ziniti, "Oltre 1600 migranti sbarcati a Lampedusa in 48 ore" *La Repubblica*, 3 November 2020; accessed at https://www.repubblica.it/cronaca/2020/11/03/news/sbarchi_a_ripetizione_a_lampedusa_intelligence_in_stato_di_allerta-272882721/

¹² On general poor state strategy as reported in Greece see Gianni Papadopoulos, "Avevriotita kai dichasmos sti lesvo tis prosfygias," [Uncertainty and division among refugees in Lesbos], *Kathimerini*, 8 March 2020; accessed at <https://www.kathimerini.gr/investigations/1068032/avevriotita-kai-dichasmos-sti-lesvo-tis-prosfygias/> (with thanks to Charalampos Giannakopoulos for the suggestion and translation assistance). Various English-published media outlets have carried reports and cited officials from Greece; see Nektaria Stamouli, "Migration crisis upends Greece's coronavirus strategy," *Politico*, 29 September 2020; accessed at <https://www.politico.eu/article/migration-crisis-upends-greeces-coronavirus-strategy-migrants-camps/>; Moira Lavelle, "Greece is Weaponizing Coronavirus Against Refugees," *Vice World News*, 13 November 2020; accessed at <https://www.vice.com/en/article/v7mdey/greece-is-weaponizing-the-coronavirus-against-refugees>

¹³ Taken from Lavelle, "Greece is Weaponizing Coronavirus Against Refugees."

¹⁴ "Greek police enforce unwarranted and cruel quarantine of Moria camp on Lesbos," *Médecins sans Frontières*, 3 September 2020; accessed at <https://www.msf.org/greek-police-enforce-unwarranted-and-cruel-quarantine-moria-camp>

¹⁵ COVID-19 Emergency Response, Report for Regional Bureau for Europe, UNHCR, 27 October – 10 November 2020; accessed at <https://reporting.unhcr.org/sites/default/files/UNHCR%20Europe%20COVID-19%20Regional%20update%20-%202027%20October-10%20November%202020.pdf>

¹⁶ Taken from Lavelle, "Greece is Weaponizing Coronavirus Against Refugees."

¹⁷ Tara Zahra, "Condemned to Rootlessness and Unable to Budge:" Roma, Migration Panics, and Internment in the Habsburg Empire," *The American Historical Review*, Vol. 122, Issue 3 (June 2017), pp. 7012-726.

¹⁸ Hannah Arendt, "The Stateless People," *Contemporary Jewish Record* (1 April 1945).