Neomodern Insecurity in Haiti and the Politics of Asylum

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Abstract The term ‘asylum’ has a dual connotation that generates opposing but related forms of intervention: providing sanctuary and protection vs. imposing confinement and quarantine. The proliferation of “neomodern insecurity”—intra-state violence and the specter of transnational terrorism, arising within many postcolonial, postauthoritarian and postsocialist states—generates intervention practices that reflect the dual connotations of asylum. In fragile states like Haiti, national insecurity (ensekirite) often results in the flight of traumatized populations across and within national borders. For these individuals, ‘asylum’ connotes the attainment of political recognition and inclusion outside Haiti’s space of ensekirite. Ironically, these vulnerable persons may be viewed as threats to the nations they seek to enter. In so-called secure states like the United States, the threat of insecurity often engenders interventions to contain, manage and rehabilitate states of disorder, as well as their disordered subjects. By chronicling the case of a young Haitian refugee who sought asylum in the United States, was detained and then repatriated after manifesting the disordered signs of insecurity, I argue that the Haitian trope of ensekirite captures and prefigures the subjective experience of neomodernity, one for which there is no asylum.

Keywords Haiti · Insecurity · Asylum · Refugee · Trauma · Humanitarianism

‘Insecurity’ is a term that has proliferated in global political discourse. The term frequently connotes situations of political crisis, violence and the absence of rule of law, especially in fragile or failing postsocialist, postauthoritarian and postcolonial states (DeVecchio Good et al. 2008; Domínguez 1998; James 2009; Petryna 2002). Insecurity also describes economic volatility, the uncertainties of flexible labor and
the rise in technological and environmental hazards in such states (Beck 1999; Weldes et al. 1999). Following the September 11, 2001, attacks, insecurity has increasingly come to characterize conditions of political, economic and ontological uncertainty even in so-called secure states. These conditions of being are emblematic of what Beck (1999) terms the “world risk society.” Nevertheless, ontological insecurity (Giddens 1984) and risk have never been distributed equally across or within sovereign borders.

Contemporary insecurity frequently results in the flight of refugees and migrants to secure states. At times, secure nations perceive these mobile, vulnerable populations as deserving of sanctuary and asylum. At other times, these populations are perceived as risks to the national security of the host state (Fassin 2005; James 2004; Ticktin 2006). Both perceptions can prompt interventions in the fragile or failed nations from which these populations fled (Pandolfi 2008). By inculcating neo-Enlightenment ideals of human rights, democracy and capitalist economic development, secure states seek to reaffirm the materiality of their security through processes of secular conversion. Compassionate efforts to protect, secure and rehabilitate both insecure states and their vulnerable populations enable secure states to control or contain risk—in this example, the mobile threat of disorder across borders (Boltanski 1999; Duffield 2001). Such interventions also establish conditions for inclusion that insecure states and their citizens must meet to gain recognition. I characterize the dynamics of insecurity, asylum seeking and conversion and containment of disorder in both secure and insecure states as examples of “neomodernity” (Comaroff and Comaroff 1992; James 2004, 2009). At the heart of such practices are efforts to define the criteria for belonging and exclusion in order to mitigate burgeoning sources of risk.

As an example of these dynamics, Haiti and its citizens have been objects of military, humanitarian and economic interventions since the nation won independence from French colonizers in 1804. From the 19th century to the present the first black republic has struggled with cycles of political and economic upheaval, foreign occupation, dictatorship and continued environmental decline. Since the 1986 ouster of dictator Jean-Claude Duvalier, Haitians have used the term *ensekirite* (insecurity) to describe the cycles of political violence, crime and economic deterioration that have plagued the nation as it attempts to consolidate its democracy.

While insecurity renders *all* in Haiti vulnerable, it is especially challenging for *viktim*—self-named “victims” of politically motivated violence who were targets of political repression between 1991 and 1994. On December 16, 1990, Haitians elected president former priest Jean-Bertrand Aristide in the country’s first legitimate democratic electoral process. On September 30, 1991, General Raoul Cédras and the Haitian military staged a coup d’état that ousted President Aristide. For three years the coup apparatus terrorized the prodemocratic masses. Thousands of individuals were detained, tortured, raped, and murdered. In response, tens of thousands of Haitians fled by boat in search of asylum in the United States and other nations. Nearly 300,000 of 7.5 million Haitians were internally displaced. In September 1994, the U.S.-led Multinational Force began restoring constitutional order in Haiti through military intervention. In no small part, the perceived threat
that the flood of Haitian refugees posed to the United States was responsible for the international military and civilian mission to restore order.

Between 1995 and 2000, I spent more than 27 months in Haiti following viktim in their quests for justice, rehabilitation and reparations in order to understand the subjective experience of disorder in neomodern Haiti. I worked as a physical therapist with viktim at a women’s clinic in Martissant, a slum in Port-au-Prince. I also trained at the Mars/Kline Center for Neurology and Psychiatry at the State University Hospital. Finally, I worked at the Human Rights Fund, a political development assistance program funded by USAID that housed a Rehabilitation Program for torture survivors and their dependents. I observed the Fund’s activities, facilitated therapy groups for traumatized viktim and studied its beneficiaries’ “trauma portfolios”—case files containing affidavits, medical records, receipts and other forms of documentation verifying victim status (James 2004).

The following case demonstrates the experience of ontological insecurity and the disordered subjectivity that states of insecurity may produce. It demonstrates the complex links between neomodern insecurity and the politics of asylum: on the one hand, asylum connotes political recognition of victim status, prompting humanitarian compassion and sanctuary. On the other hand, asylum remains a means of restraining, confining and repressing those who manifest disordered subjectivities (Fassin 2005). The trope of Haitian ensekirite and the interventions implemented to remedy it demonstrate, and even prefigure, the subjective experience of neomodern insecurity.

I met Jean-Robert Paul in 1998 while conducting research at the Human Rights Fund. He was a 21-year-old Haitian man of slight build who worked informally as a custodian of the grounds. He had an impish grin and pleasant demeanor, always greeting me with a smile when I arrived at the building each day. At times, he was the butt of teasing and jokes, especially when he tried to participate in the masculine posturing and banter of the private security guards and drivers stationed at the entrance to the building.

Jean-Robert had been a beneficiary of the Fund’s Rehabilitation Program since April 1997. He was considered an indirect victim of politically motivated violence because his parents, prodemocracy activists, had been murdered in 1994, just prior to the restoration of constitutional order. Gaining beneficiary status provided Jean-Robert a small stipend, housing assistance, medical care and other social support, but not acceptance. There was another reason for Jean-Robert’s liminal status: he was perceived to be fou, insane.

The psychologists and psychiatrists who treated him told me that his memory of the past was fragmented. His attempts to remember were tremendously distressing. At times, the force of his past erupted into the present, transforming Jean-Robert’s usual “presentation of self” (Goffman 1959) by allowing another “persona” to speak his frustrations. On one occasion, Jean-Robert suddenly became agitated, angry and aggressive toward staff in the building. He had come to the Fund to request additional financial support, but unfortunately, program funds were diminishing. The program director denied his request, and in response, Jean-Robert became agitated. Then something shifted. His face changed, becoming taut and drawn with tension. His gaze no longer focused on the physical space around him.
Rather, he appeared to be gazing vacantly into the distance; he did not see those of us physically around him. He breathed heavily, perspired and clenched and unclenched his fists. He began speaking strongly with a deeper voice—one with eloquence, passion and pathos. He said, “Look at me. Look at my body. Look at how I’ve grown thin. I used to be a man. I don’t have anywhere to sleep. I don’t even have a bed.”

The two nurses who staffed this program quickly approached Jean-Robert to calm him. One wiped his forehead, attempting to cool him down. He seemed shaken by the force of emotion that had overcome him and by his own utterances, but was eventually soothed, returning to the placid, cheerful individual to whom I had become accustomed. The nurses later explained that his head (têt) had become hot (cho) and that their ministrations were intended to reverse the excess flow of blood to his head. In traditional understandings of embodiment in Haiti, the condition of hot or bad blood (move san) arose from excess anger, grief, shock, chronic worry and other negative affect (Bourguignon 1984; Farmer 1988). Disordered blood could cause indisposition (endispozison)—spells of weakness and falling out (Philippe and Romain 1979)—or embodied shock (sezisman), arising from “excess indignation at being victimized” (Bourguignon 1984, p. 261; see also James 2008).

The moment Jean-Robert’s behavior and speech changed recalled how the lwa, the Haitian Vodou spirits, entered the head of a supplicant and communicated through the devotee’s body. In ritual circumstances the entrance of the divine spirits is desired (Brown 1991); however, in this case, possession by the specter of a traumatic past was an unwelcome intrusion, despite its prophetic, revelatory nature.

How had Jean-Robert become the ward of an international nongovernmental organization (NGO) and a patient of international and national psychologists, psychiatrists and other humanitarian aid workers in Haiti? How do the fragments of his journey speak to the condition of asylum and neomodern insecurity? His past can only be reconstructed in part. Its ghostly traces exist in fragments contained in his trauma portfolio and in the memories of the caretakers who provided him asylum.

Jean-Robert became an indirect victim of organized violence in June 1994, just prior to the restoration of democratic order by military intervention. He was 17 years old, an only child, and resided with his family in an isolated coastal town near the westernmost tip of Haiti’s southern peninsula. On that fateful day in June, in broad daylight, members of the military armed with machetes beheaded his parents on the street, directly in front of Jean-Robert. The killing ruptured the ties between him and his natal family (Patterson 1982) and, subsequently, his country.

Jean-Robert fled Haiti by boat with hopes of attaining asylum in the United States. Such hazardous journeys frequently result in U.S. Coast Guard interdiction, immediate repatriation to Haiti or death by starvation or drowning. Jean-Robert was fortunate to have reached South Florida, but while his asylum request was pending he was detained at the notorious Krome Service Processing Center, an adult facility in Miami once described as a “theater of the absurd” and as a concentration camp (Nachman 1993, pp. 251, 254). Fortunately, as an unaccompanied minor, Jean-Robert did not remain there long. In September 1994, he received asylee status and
was sheltered in a program for unaccompanied minors in Boston, Massachusetts. It was there, however, that he began to unravel.

Having attained physical and political sanctuary, Jean-Robert began recalling how his parents had been murdered. From that moment his “disorder was unleashed” (la maladie est déclenchée). He suffered visual and auditory hallucinations and paranoid thinking, and was violent toward others. Psychiatrists diagnosed “subchronic schizophrenia” and prescribed antipsychotic and antidepressant medications. During one acute psychotic episode, Jean-Robert was hospitalized and injected with antipsychotic and antispasmodic drugs. Presumably, he had not been compliant with his treatment and the injections ensured that his symptoms would be managed. Jean-Robert felt that the medications were too strong and reported that they “hit him in the head.” That he experienced medical treatment as physical blows suggests that the intent was to control him, rather than relieve his suffering.

In October 1996, Jean-Robert was repatriated to Haiti despite having received political asylum. His reputed chronic psychosis represented a “state of exception” (Agamben 1998, 2005) that trumped political asylum. In this case, madness excluded him from both compassionate and repressive asylum apparatuses within U.S. national and humanitarian security regimes. Upon Jean-Robert’s arrival in Haiti, the U.N. International Civilian Mission processed his case without providing treatment: its victim assistance services had been suspended earlier that year. He was next transferred to Médecins du Monde (Doctors of the World), whose Spanish psychiatrist examined him and diagnosed schizophrenia, but otherwise good health. She proposed psychotherapy and a new course of antianxiety and antipsychotic medications. Nonetheless, Jean-Robert had not asked for treatment. He was unemployed and desired social assistance and eventual return to the United States. In 1997, Médecins du Monde discontinued treatment to Haitian victims of human rights abuses. Jean-Robert was then transferred to the Human Rights Fund, receiving eligibility in April of that year. In 1999, a few months after I witnessed Jean-Robert’s dissociative outburst described earlier, the Rehabilitation Program also suspended services to viktim, leaving its beneficiaries to seek support from the fragile Haitian state or to negotiate the cycles of insecurity on their own.

How are we to interpret the fragments of this case? In the aftermath of natal dismemberment, flight and detention, Jean-Robert ultimately received sanctuary with nonstate actors. But when Jean-Robert was no longer considered “worthy,” his suffering was devalued, exported and then traded among the human rights and humanitarian actors rehabilitating the Haitian state and its citizens. International and national NGOs like the Human Rights Fund offer charity, therapy and asylum in place of the state, whether secure or insecure. Nonetheless, such national and international nonstate actors are also vulnerable to the ebbs and flows of humanitarian markets. As each organization lost funding and transferred clients to other organizations with greater means, viktim with chronic disordered conditions received less social support or were abandoned. Such processes mirrored the ebbs and flows of international aid to the insecure Haitian state. Thus, the recognition and inclusion that these interventions provided were partial and fleeting, belying tropes of biological and therapeutic citizenship that have come to characterize
contemporary analyses of humanitarian and development assistance (Fassin 2005; Nguyen 2005; Petryna 2002; Ticktin 2006). Nevertheless, traumatic citizenship gained and revoked—whether for the individual or the fragile nation-state—remains preferable to abandonment in this era of neomodern insecurity.

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