

Reframing solidarity in Europe: Frontex, frontiers, and the fallacy of refugee quota



Above all, the refugee crisis is “a crisis of solidarity”. This statement from the UN Secretary General Ban Ki Moon¹ denounces the fundamental failure of the international community to respond to the existential needs of millions of displaced people in an interdependent world. Frenk and colleagues² call for a shift from sovereignty to solidarity was prognostic for the challenges that the European Union (EU) would face in 2015: the deficient European asylum system based on national sovereignty collectively failed to address the health and humanitarian needs of refugees³ in one of the most developed regions of the world.

Solidarity, however, is a diffuse concept. The classic sociological coined by Durkheim⁴ describes an apolitical concept of the interdependence of individuals in modern societies. Solidarity in this sense does not naturally lead to aspired public health outcomes concurring with norms and values such as equity and human rights. The EU’s collective response to the 2008 financial crisis, for example, imposed austerity measures at the cost of the weakest members of affected societies. The response to a challenge of interdependence shifted from sovereignty to collective action, but collided with public health goals: public services became dysfunctional leading to detrimental effects on population health.⁵ Hechter’s theory⁶ of group solidarity recognises this: solidarity might denote the actions of a group that pursue a goal mainly to produce and consume a jointly produced private good. The EU response to the refugee crisis is a case in point.

On October 6, 2016, as part of the European Agenda on Migration,⁷ the European Commission launched the European Border and Coast Guard Agency,⁸ which builds on Frontex and expands its mandate (eg, to deploy border guards, perform forced return-operations, access European or national databases, and operate in non-EU countries).⁹

The creation of this agency is a historic development because sovereign EU nation-states have established a supranational agency for border control with an extensive mandate, aiming for “shared responsibility and solidarity among the Member states”.⁸ Intensifying border control, increasing securitisation,¹⁰ and limiting the freedom of

movement for citizens from non-EU states produces the exclusive (private) good of the freedom of movement within the EU and is framed as solidarity—but should be considered solidarity in security. This type of solidarity, however, has detrimental health consequences.¹¹

The European Agenda on Migration further aims to foster “solidarity and shared responsibility” to produce the public good of granting asylum by relocating asylum-seekers within the EU on the basis of an objectively defined quota.⁷ This aim is honourable, but the policy instruments are flawed: enforced relocation conflicts with the freedom of movement, neglects that refugees have agency, and will not necessarily lead to more balanced contributions of member states because health and humanitarian needs do not follow “units” of refugees mechanistically.¹² Moraga and Rapoport¹³ have suggested market mechanisms could achieve more equal contributions: tradable refugee admission quotas (TRAQs) intend to create incentives for the individual EU countries to provide refuge to those in need,¹³ and a matching mechanism would consider the preferences of refugees and host countries. Although this approach is more preferable than enforced relocation, it is based on the same fallacy: TRAQs assume that underlying health and social needs are constant in all refugees, neglecting substantial differences by refugees’ individual constitution. Preferences of citizens in EU countries towards asylum-seekers are biased towards better educated, victimised, non-Muslim refugees,¹⁴ and markets based on such preferences could give rise to discriminatory cherry-picking.

To solve the solidarity crisis in the EU would mean to develop sustainable policy responses that go beyond the production of private goods for the EU. Instead, policies should aim to produce global public goods with politically feasible instruments and without infringing human rights. This aim requires a reframing of solidarity: from solidarity in security and solidarity by enforced or market-based relocation towards a rights-based global solidarity, fostering and advocating the use of transnational social protection instruments to address today’s challenges of interdependence.¹⁵

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An example for such an instrument would be the establishment of an EU-wide mechanism to pool financial resources from all member states. It could build on existing institutions such as the Asylum, Migration and Integration Fund¹⁶ and would recompense receiving countries on the basis of the social and health needs of hosted refugees.¹² Such a policy would be feasible and in line with EU countries' preferences to enhance solidarity in reception of refugees.¹⁶ On a global scale, such mechanisms could be embedded in the proposed global fund for health based on a legal framework of universal rights and duties to ensure social protection for the millions of forcibly displaced persons. Health professionals in all countries witness and acknowledge the effect of restrictive and protectionist policies on the health of refugees worldwide, and thus have the utmost responsibility to postulate and advocate global solidarity.

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