Humanitarian inversions: COVID-19 as crisis

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Abstract

COVID-19 is a multi-spectral crisis that has added an acute layer over a panoply of complex emergencies across the world. In the process, it has not only exposed actually-existing emergencies, but also exacerbated them as the global gaze has turned inward. As a crisis, COVID-19 straddles and challenges the boundaries between humanitarianism, development, and global health—the frames and categories through which emergencies are so often understood and intervened upon. Reflection on these fundamental categories is, we argue, an important geographical endeavour. Drawing on Geoffrey Bowker’s analytical lens of the ‘infrastructural inversion’, we explore how humanitarianism has been upended by COVID-19 along two axes that are of core concern to geographers: (1) the spatial and (2) the temporal. We first contextualise current debates on the humanitarian endeavour and its future within recent geographical research. We then set out the complex structure by which COVID-19 has been both imagined and intervened upon as a humanitarian emergency. In so doing, we then pave the way for a deeper empirical analysis of the spatial and temporal inversions that have been brought forth by COVID-19. The paper concludes by examining the conceptual value of the ‘inversion’ in developing geographical research agendas better attuned to the increasing porosity of humanitarianism, development, and global health.

KEYWORDS

COVID-19, crisis, development, epidemics, global health, humanitarianism

1 | INTRODUCTION

As we write, a massive underwater volcanic explosion has blanketed Tonga in ash, severed communications, and caused widespread damage to homes, infrastructure, and farmland. There have been a number of deaths and casualties, and the water supply is contaminated. Basic supplies are also lacking. In almost any other context, an ‘unprecedented’ natural disaster such as this would see an immediate dispatch of humanitarian aid workers from across the region (if not the world) to get to work on the ground. But this time the message has been one of caution and conditionality because, until now, Tonga had had only one case of the novel coronavirus, SARS-CoV-2. Red Cross Australia assured that ‘the internationals’ would ‘back up local responses’ (Kurmelovs, 2022: n.p.). But as Australian naval crew tested positive for COVID-19, Tongan authorities authorised only completely ‘contactless’ aid drops. Despite precautions, the extreme transmissibility of the Omicron variant quickly led to cases among port workers and then community outbreaks. Tonga was placed under...
temporary lockdown, with schools closing and residents forced to scrounge for supplies and cash amid already-emergency conditions. Tonga’s experience echoes the culpability of UN peacekeepers in igniting a huge cholera outbreak in the wake of the 2010 Haiti earthquake (Farmer et al., 2011; Leach et al., 2021). In the case of Haiti, the earthquake killed an estimated 200,000 and displaced over one million people, but the cholera outbreak led to the unnecessary deaths of an additional 9000 people. While the risks of a model of ‘emergency response predicated on “direct interaction”’ (UN Foundation and UN OCHA, 2020, p. 4) through the ‘international surge’ of personnel and resources into disaster zones (Van Brabant & Patel, 2017) have long been evident, ‘contactless humanitarianism’ seems a contradiction in terms—or at the very least an inversion of the expected norm (UN Foundation and UN OCHA, 2020, p. 4). Yet this model of relief ‘at a remove’ represents not only a pragmatic response to the risk of COVID-19, but also a logical next step in the kinds of institutional and organisational reforms that have been slowly occurring within the humanitarian domain (ALNAP, 2021a).

These shifts are clearly of marked geographical significance in their spatial and temporal contours. But, more than this, by interrogating the humanitarian response to COVID-19 through the conceptual lens of the ‘infrastructural inversion’ (Bowker, 1994), we aim to bring new theoretical perspectives to the disciplinary conceptualisation of ‘crisis’.

We lead with this example to illustrate how crises are always complex and involve overlapping layers of ‘compound risk’ (Kruczkiewicz et al., 2021). COVID-19 was originally understood as a geographically contained public health threat, but quickly morphed into a spatially diffuse ‘global health crisis’ as it spread to 110 countries and the WHO declared it a ‘Public Health Emergency of International Concern’ on 30 January 2020 and then upgraded it to a ‘pandemic’ on 11 March 2020 (Cucinotta & Vanelli, 2020). The United Nations Organisation for the Coordination of Humanitarian Affairs (UN OCHA) has described COVID-19 as triggering ‘the most severe global crisis since WWII’ (2020, p. 3). Others have gone further, describing COVID-19 as a ‘truly planetary disaster’ (Sparke & Williams, 2021, p. 16) whose ‘secondary shocks’ have led to multiple ‘shadow pandemics’ of, for example, violence, unemployment, poverty, hunger, gender inequality, missed education, and untreated chronic disease (Hinchliffe et al., 2021; Pelling et al., 2021). What the UN OCHA has described as a ‘global mega-crisis of historic proportions’ (2020, p. 5) has emerged largely because ‘COVID-19 has exposed underlying neoliberal transformations and exploited and exacerbated all the associated political, economic and social vulnerabilities in co-pathogenic ways’ (Sparke & Williams, 2021, p. 16; emphasis added). It is in this vein that we examine how COVID-19 challenges long-held distinctions between three domains through which we have long imagined and responded to crises: humanitarianism, development, and global health. This theme of exacerbation and exposure echoes recent writing by Melissa Leach and colleagues, who argue that ‘the COVID-19 humanitarian, health and development crisis, and the inequalities and precarities that this has exposed, has been felt as much in New York as it has in Nairobi’ (Leach et al., 2021, p. 9). Such ‘North–South universality’ (2021b, p. 9) means that ‘the massive global health and development crisis enwrapped with the COVID-19 pandemic has exposed the limits of conventional framings of development both North and South’, as well as how we think about ‘its geographies and power relations’ (2021b, p. 1). Indeed, across the three sectors, critical reflection on the infrastructure and ecology of financing, resource flows, staffing, power, and the ethics of ‘interventions in the lives of other peoples’ (Packard, 2016) was ongoing long before COVID-19 struck, but has found new urgency (Jumbert & Pascucci, 2021).

COVID-19 has arguably proved to be the most profound of the humanitarian community’s numerous moments of reckoning. A UN Blogs entry reveals that speakers at the 2020 UN OCHA Global Humanitarian Policy Forum described the past year as a “dumpster fire” and “hellish year” for countries in crisis that were then hit with the economic and health-related meltdowns of COVID-19’ (2020, n.p.). For those countries with UN Humanitarian Response Plans (HRPs), COVID-19 has added an additional, pernicious layer of risk and vulnerability exacerbating existing crises. The pandemic has thus forced reflection on the fitness of the paradigms and modalities of humanitarianism, development, and global health to adequately prevent and respond to the kinds of threat triggered by a state of increasing ‘planetary dysbiosis’ (Hinchliffe et al., 2021, p. e232; see also Wallace et al., 2020). To interrogate what is at stake at this critical conjuncture, we draw on Geoffrey Bowker’s (1994) notion of the ‘infrastructural inversion’. An ‘inversion’ occurs in a situation of rupture or breakdown in existing infrastructures (or systems) that renders its inner workings visible. This heuristic, we argue, provides a productive conceptual starting point to interrogate how COVID-19 has become an ‘exacerbating’ and ‘exposing’ force revealing power, politics, and differential vulnerabilities. As Bowker writes, ‘we all too rarely think about the ways in which our social, cultural and political values are braided into the wires, coded into the applications and built into the databases which are so much a part of our daily lives’ (Bowker, 2014, p. xii). The infrastructural relations and relationality that animated Bowker’s early work and then later writings with Susan Leigh Star are also inherently geographical as they emerge along two axes: (i) the spatial and (ii) the temporal. To explore these, we first examine the complex boundaries between humanitarianism, development, and global health and the significance of these for geographical research. We then turn to the global humanitarian response to COVID-19, which provides the empirical basis...
for examining the two axes of inversion. We then reflect on the durability of these inversions and whether they have the capacity to re-order the ways in which we view, interrogate, and act on crisis.

2 | GEOGRAPHIES OF CRISIS: HUMANITARIANISM, DEVELOPMENT, GLOBAL HEALTH

It should go without saying that the humanitarian imagination and endeavour ‘has never been free of geography’ (Reid-Henry, 2014, p. 418). Yet, engagement with humanitarianism within geography has tended to be far more limited in its conceptual and empirical reach than, for example, anthropology—where medical humanitarianism has garnered particular attention—(Beshar & Stellmach, 2017; Redfield & Bornstein, 2010; Ticktin, 2014), sociology (Roth, 2015; Wilkinson, 2014a, 2014b), or international relations (Barnett, 2011). Indeed, a recent piece ‘contextualising COVID-19 geographically’ (Sparke & Anguelov, 2020) shows that of the seven sub-themes of enquiry and analysis that might serve to situate COVID-19 within the discipline, a humanitarian frame should arguably have been an eighth. And yet, within the discipline, the humanitarian endeavour has been powerfully explored, particularly within the contexts of migration, refugees, and asylum seekers (Pallister-Wilkins, 2018a; Pascucci, 2017), the camp (Brankamp, 2019; Ramadan, 2013), and in engagements with international volunteering (Herrick & Brooks, 2020; Laurie & Baillie Smith, 2017; Schech, 2017; Schech et al., 2016). Within—and allied to—this work, questions of borders and the changing spaces of humanitarian intervention emerge as particularly pertinent (Pallister-Wilkins, 2017, 2018b). The 2016 European migrant crisis invigorated (political) geographical engagement with humanitarianism, not least because agencies more often associated with far-flung crises were suddenly providing ‘crisis management infrastructure’ (Spathopoulou & Carastathis, 2020, p. 1069) in ‘semi-carceral’ humanitarian hotspots across Europe’s borderlands (Pallister-Wilkins, 2018a, p. 994; see also Dadusc & Mudu, 2020). This forced new critical confrontations with the means and ends of humanitarianism as well as its spaces of intervention.

Even before COVID-19 struck, the humanitarian enterprise was facing its own existential crisis (Alexander, 2020). Numerous failures from the 1984 Ethiopian famine, the 1994 Rwandan genocide, the resultant refugee crisis in Goma, the 2004 South East Asian Tsunami, and the 2010 Haitian Earthquake led to a raft of academic critiques (Barnett, 2014; Fassin, 2011a; Pandolfi, 2011) as well as the rise of more popular texts ‘exposing’ the antics of an ecosystem that had long been cast as ‘morally untouchable’ (Fassin, 2011b). Within the sector itself, there has been significant introspection, efforts at professionalisation, and a swathe of guidelines, frameworks, principles, and standards (Stevens et al., 2018). The most recent phase of humanitarian reform occurred at the 2016 World Humanitarian Summit as part of an agreement—called the Grand Bargain—that aimed to improve the ‘effectiveness’ and ‘efficiency’ of humanitarian action. Reform centred on: greater global use of cash programming; increased funding and support for local and national responders; harmonised reporting; a shift to longer-term more flexible funding; greater participation by end-users; a commitment to ‘localisation’; and enhanced engagement between humanitarian and development actors. A parallel movement to decentralise authority and democratise the production of knowledge is playing out in calls for the ‘decolonisation’ of humanitarianism and aid (Aloudat & Khan, 2021; James, 2022; Khan, 2021) and a more demonstrative commitment to diversity and inclusion within the sector (ALNAP, 2021a). These echo equally vocal calls for the decolonisation of global health (Abimbola & Pai, 2020; Hirsch, 2021; Pai, 2021) and attention by geographers to the colonial legacies and structures of development (Craggs, 2019; Patel, 2020; Radcliffe, 2017). The increasing seepage between the ways and means of humanitarian, development, and global health may be in sharp contrast to the ethical, spatial, and temporal markers of exceptionalism that humanitarianism has tended to draw around itself (Redfield, 2013), but it offers up fascinating points of synergy with current geographical research agendas.

As the Active Learning Network for Accountability and Performance (ALNAP)—itself formed in the push to professionalise the sector after the Rwandan genocide—notes,

There has never been consensus on the boundaries of humanitarian action. Disagreements spring from differing views on the ‘what’, ‘who’ and ‘how’ of humanitarian action. The ‘what’ includes where to draw the line between humanitarian and longer-term development assistance. The ‘who’ includes live discussion about which entities are considered humanitarian and the power dynamics behind inclusions and exclusions. The ‘how’ includes debates about the importance of the humanitarian principles and the funding sources that drive action.

(2021, 6)
In the past decade, these discussions have generated what Hilhorst (2018) describes as a normative realignment from the ‘classic humanitarianism’ of intervention on states of exception and an ethic of neutrality and sovereignty (Redfield, 2012a; Wilkinson, 2014b) to ‘resilience humanitarianism’. This is a direct challenge to the ‘suffering stranger’ paradigm and its associated connotations of ‘victimhood’ that have long drawn anthropologists to the field (Beshar & Stellmach, 2017; Fassin, 2007; Redfield, 2006). A discourse of resilience instead draws in the domain of disaster risk reduction, itself an important area of geographical research (Gaillard & Mercer, 2013; Pelling et al., 2021), to argue that people have the capacity to adapt and respond to crisis and, in turn, that crisis itself is no longer an exceptional state but rather, as Kirchhoff (2016) notes in the case of Ebola, ‘a new normality’ marked by complex processes of continuity and upheaval (Roitman, 2017). This links to the recent humanitarian concern with ‘participation’—a mainstay of development practice—and, in theory at least, should enable a broader humanitarian ‘ecosystem’ that is ‘less international humanitarian agency-centred and recognizes a large range of service providers, including the private sector and a host of national and local responders’ (Hilhorst, 2018, p. 6). But, as Didier Fassin notes, this re-ordering is far from new, with ‘multiple lines of division between NGOs and UN bodies, between supporters and opponents of “humanitarian right to intervene”, between prescribers of emergency intervention and proponents of development, between “aidists” and “human rightists” and even between “humanitarian medicine” and “public health”’ (Fassin, 2010, p. 286). This fracturing is echoed in the siloing of humanitarianism, development, and global health as domains of research, even though in reality crises never fit the categories we have created to justify a response. These types of border-crossings are remarkably under explored—empirically and conceptually—within geography and beyond. However, and as we will examine, the multiple crises created, compounded, and obscured by COVID-19 force a profound reconsideration of the nexus that conjoins these fields (Leach et al., 2021). Before turning to the ways in which COVID-19 has brought forth a profound set of inversions to the humanitarian ecosystem and the ways in which it interfaces with development and global health, we will first situate the humanitarian response in the context of the broader landscape of changing needs and demands for assistance.

3 | COVID-19 AND THE CHANGING FACE OF HUMANITARIANISM

The 2021 Global Humanitarian Assistance Report, published annually by Development Initiatives, reported that an estimated 243.8 million people living in 75 countries needed humanitarian assistance in 2020. A year later, that number rose to an estimated 274 million people (Office for the Coordination of Humanitarian Affairs, 2021, p. 9). Between 2019 and 2022, the number of UN humanitarian appeals rose from 36 to 63 and the number of countries in a situation of ‘protracted crisis’ reached 34. The COVID-19 pandemic hit hard against a backdrop of increased vulnerability, with humanitarian assistance requirements increasing by 27% from 2019 to 2020 to reach a record $38.8 billion. In 2022, the overall humanitarian ‘ask’ will climb even further to reach $41 billion (Office for the Coordination of Humanitarian Affairs, 2021). However, despite rising global need, levels of humanitarian assistance have fallen from a high of $31.5 billion in 2018 to $30.9 billion in 2020. This means that the proportion of humanitarian appeals that were funded also fell. The Global Humanitarian Response Plan (GHRP) for COVID-19 had met only 40% of its target according to OCHA’s most recent Financial Tracking Service (FTS) data in mid-2021. Figure 1 clearly shows rising global need, but a fall in the proportion of response plan or appeal funding that is met by donors. Multilateral Development Banks have increasingly stepped into this funding vacuum, with total Overseas Development Assistance (ODA) to countries facing crisis doubling from 2014 to 2019 to $10.7 billion, with a growing proportion now in the form of loans rather than grants (Development Initiatives, 2021). This is set to have potentially catastrophic long-term financial consequences for many countries (Tamale, 2021), arguably compounding those same vulnerabilities that COVID-19 has exposed and exacerbated.

The UN COVID-19 response has been coordinated through three pillars: (1) health (WHO and its Strategic Preparedness and Response Plan [SPRP]); (2) humanitarian (OCHA and its GHRP), and (3) socio-economic (UNDP and its multi-donor trust fund with an initial fundraising target of $1 billion). The WHO Plan focuses on a number of key areas of intervention, including country coordination, planning and monitoring, risk communication and community engagement, surveillance, international travel, national laboratory infrastructure, infection prevention and control, case management and operational support, and logistics (World Health Organization, 2021). This, in effect, is the headline ‘global health’ response. By contrast, UNDP’s Socio-Economic Response Plan (SERP) focuses on protecting people, economic recovery, macroeconomic response, and social cohesion. The WHO and UNDP’s work overlaps in the maintenance of essential health services and systems. Within the UN structural imagination, health sits at the intersection of the humanitarian and development responses, with the WHO’s overarching SPRP guiding the development of government-led country preparedness and response plans that cover all health interventions, including those undertaken by development and...
humanitarian actors. The GHRP overlaps with all of the priorities of the SPRP, but sits very much outside that of the UNDP’s SERP, with the only overlap being a common mandate to ensure the maintenance of essential health services and systems. In this sense, the humanitarian response is far more aligned with that of global health than it is of development actors, despite the current concern with ‘aid’s new metapolicy’ (Redvers & Parker, 2019)—the intersectoral ‘humanitarian-development-peace nexus’ that emerged from the Grand Bargain reforms (Lie, 2017; Rieder, 2016).

The COVID-19 GHRP was launched in March 2020 to comprise 44 country appeals, seven regional response appeals, and three global funding appeals, with an initial target of $2.1 billion that by the end of the year had climbed to $9.5 billion (Office for the Coordination of Humanitarian Affairs, 2021). By the end of 2020, however, only $3.8 billion of this target had been funded. In total, 71 countries have received humanitarian aid for their COVID-19 response. However, the COVID-19 response has markedly changed donor–recipient geographies as the state, local actors and NGOs, volunteers, mutual aid groups, and religious charities have stepped in to provide assistance often in the complete absence of international agencies and NGOs (see, for example, Fujita & Sabogal, 2021; Kunhiak Muorwel & Vincent, 2020). But, despite the turn to ‘localisation’ necessitated and precipitated by COVID-19 (UN OCHA, 2020), humanitarian assistance funds for COVID-19 funding remain overwhelmingly concentrated in multilateral organisations. Data from Development Initiatives shows that UN agencies took 73% of multilateral funds, compared to just 5% for NGOs and Civil Society Organisations (Development Initiatives, 2021). This far exceeds the 61% that has, on average, gone to UN agencies for crises over the past five years. Of GHRP funds, 92% went to just four agencies: the WHO, Unicef, the World Food Programme, and the UN High Commissioner for Refugees (Development Initiatives, 2020). Indeed, only 1% of humanitarian funding for the COVID-19 response is estimated to have gone to local actors by the end of 2020 (UN OCHA Financial Tracking Service, 2020)—nowhere near the Grand Bargain’s goal of providing at least 25% of humanitarian funding directly to national responders by 2020 (Spiegel, 2021, p. 365).

It should be noted that this high-level overview of the COVID-19 humanitarian response belies the complexities of trying to make any definitive statement on what that “humanitarian response” might be and especially how it might transition across the fine lines marking humanitarianism from development and global health. This challenge is perhaps best summed up by Médecins sans Frontières’ (MSF) statement that, even as of mid-2021, ‘it is still difficult to provide a global narrative on our operations, as the pandemic is affecting every country in the world, with different consequences, in different places. Therefore, our approach can also be very different from country to country or even from project to project’ (MSF, 2021). The geographies of humanitarian need are thus fluid, dynamic, and emergent and, as we will discuss, challenge the very infrastructures that have emerged to act on crises.
Within the humanitarian field, COVID-19 has both amplified and obscured ongoing, protracted crises and created new, acute emergencies. It has, in other words, blown apart any assumption of a ‘smooth space of universal human medical relief’ that ‘knows no boundaries’ and acts on a ‘limitless geographical horizon’ (Debrix, 1998, p. 831). In all cases, it has foregrounded human needs in all their complexity and depth, while making responding to them within the existing architecture of humanitarian response all the harder (ALNAP, 2021b). It is therefore a moment of profound rupture as well as forcing an acceleration of reforms already underway in the field (Mitchell, 2021). Understanding these ruptures in terms of an ‘inversion’ illuminates the dynamic conceptual reversals and transpositions in how humanitarianism is imagined, rather than simply a radical break with the organising assumptions that preceded them. An inversion also points to the flimsy and contingent nature of its organising spatial logics, where to understand something as ‘humanitarian’ depends on ‘circumstance and varies from one context to another’ (Brada, 2016, p. 755; see also MacGregor et al., 2022). This is an idea that has been explored in relation to global health, which is a category of action, intervention, and analysis predicated on profound inequities between Global North and South (see Crane, 2011; Herrick, 2016). Johanna Crane offers the example of a Mexican delegate at the Consortium of Universities for Global Health who, as a practitioner in Mexico, could not be doing ‘global health’ but rather public health. An American doing the same work in Mexico would, by contrast, be doing global health. Here, meanings and significance change as different people move through space. Importantly, the infrastructure of global health that sustains these relational hierarchies (Brooks & Herrick, 2019), saturated as it is with ‘geographical imaginaries’ (Herrick & Reubi, 2017), tends to ‘disappear’ and ‘fade into the woodwork’, except at moments when it ‘breaks down’ (Bowker & Star, 1999, p. 34). The growing literature on decolonising global health (Hirsch, 2020; Pai, 2021) suggests that humanitarian emergencies such as Ebola and now COVID-19 have enabled engagement with and anger over the infrastructures that feed off and sustain inequality. Such crises are clearly also moments of infrastructural breakdown.

Conceptual reference to ‘inversion’ within the social sciences is rare, with the exception being Geoffrey Bowker (1994) and his later work with Susan Leigh Star (Bowker & Star, 1999) on ‘infrastructural inversions’. As they have argued, during moments of change or breakdown, this analytical strategy renders the workings of infrastructure visible to the observer, revealing their (often invisible) role in constituting the ‘normal’ order of things (Arnaut & Boulton, 2020). In this sense, the inversion serves to ‘foreground the truly backstage elements’ (Star, 1999, p. 380). This kind of gestalt switch is implicit in the UN OCHA’s observation that, ‘as with previous crises, the pandemic is proving to be less of a ‘big reset’ than a ‘big exposer’: uncovering structural vulnerabilities and systemic dysfunctionalities in institutions and governance; accelerating trends and initiatives; and driving home the true extent and meaning of interconnectedness and global cooperation (2020, 3). Grove et al. make a similar point that ‘the named emergency [COVID-19] reveals or exposes and renders perceptible an ongoing slow emergency that would otherwise remain hidden (or perhaps is trivialised or responded to as spectacle)’ (Grove et al., 2022, p. 15). In this sense, ‘inversion’ is an empirical as much as an analytical transposition: the world out there has changed as much as our way of understanding it thanks to the ‘tiny invader’ of SARS-CoV-2 (Arnaut & Boulton, 2020). And, as Bowker himself argues, exploring the infrastructural inversion is important to ensure that understandings or ‘mythologies’ about how infrastructures function do not become self-fulfilling prophecies that serve only to reinforce power asymmetries (Jensen, 2008). Star (1999) further outlines how infrastructure has ‘reach or scope’ that may be temporal or spatial, going beyond ‘a single event’ or ‘on-site practice’. These axes of inversion mirror the chief conceptual concerns of geographers and guide our axes of analysis of the humanitarian response to COVID-19.

### 4.1 Inversion #1: Spatial

The business model of humanitarian intervention has generally been predicted on two spatial paradigms. The first concerns the moral imperative to intervene on distant suffering (Boltanski, 1999; Roth, 2015, p. 7). Such ‘exceptional states’ (Bornstein & Redfield, 2010, p. 6) do not emerge from a vacuum (Calhoun, 2010), but humanitarian intervention has tended to sidestep these upstream determinants in favour of tending to immediate human needs (for a powerful critique of this, see Farmer, 2020). The second concerns the modus operandi of humanitarian assistance, which has long been predicted on the freedom and mobility of a cadre of international workers—an ‘unbearable lightness’ according to Peter Redfield (2012b). The spatial divide between the geographic freedoms, possibilities, and power of different categories of staff—often reduced to ‘national’ (or ‘local’) versus ‘international’ staff—has long been stark and also deeply racialised (Benton, 2016; Majumdar & Mukerjee, 2022). Indeed, critical accounts of humanitarian intervention...
have often noted the ways in which modes of living in ‘Aidland’ (Apthorpe, 2005; Apthorpe, 2011; Mosse, 2011) often involve strong social capital, but few social ties, as well as weak understandings of the places, people, and emergency constituting the next assignment (Alexander, 2013; Malkki, 2015). The two spatial paradigms—of distant suffering and global mobility—are deeply entangled: one of the ‘fables’ of the enterprise is that ‘effective’ intervention on the former cannot occur without the promise of the latter (James, 2022).

Like global health and development, humanitarianism has too often been unproblematically constructed as an act that occurs ‘somewhere else’ (King & Koski, 2020): a ‘structure of intervention’ (Lakoff, 2010, p. 66) on places where ‘space, stuff, staff and systems’ (Farmer, 2014, n.p.) are deemed to be lacking, but with little consideration of the complicity of this edifice in creating, maintaining, and subsisting off these ‘lacks’ (Crane, 2011). What Barnett and Walker (2015, p. 131) stingingly refer to as the ‘Humanitarian Club’ is one whose geographical centre of gravity remains in Geneva, New York, Paris, and London and centres on the UN system, despite the fact that over 90% of the personnel involved in humanitarian crisis response are not from the Global North (Donini, 2021). The humanitarian edifice, again like global health and development, is built on and sustains geographic and racial difference (Chouliaraki, 2006; de Waal, 2008). COVID-19, however, has thoroughly inverted the imagined and presumed geographies of suffering, crisis, and their constitution (MacGregor et al., 2022). As the virus spread from China to Italy, Spain, and then quickly to almost every country in the world, the spectre of crisis was no longer ‘somewhere else’, but ‘re-territorialised’ in the Global North (Hanrieder & Galesne, 2021). As donor countries found themselves confronted with previously unimaginable states of exception at home, media images of overwhelmed healthcare workers in Europe and the USA with little or no access to Personal Protective Equipment (PPE), healthcare facilities on the verge of collapse, and, as a potent example, MSF volunteers helping in nursing homes in Geneva, reinforced the need for urgent help “at home”.

In many respects this “domestication” of need in the backyards of donor countries (Hanrieder & Galesne, 2021) was more of a continuity than a rupture. Didier Fassin, for example, argued a decade ago that ‘the purview of the humanitarian should not be restricted to extreme or remote situations—war zones, refugee camps, famines, epidemics, and disasters. It also relates to the reality closer to home of the treatment of the poor, immigrants, abused women, children affected by poverty—in short, all those categories constituted in terms of “vulnerability”’ (2010, 269). Harrison has also forcefully argued that ‘we need to reconsider the firm boundary that is often presented between aid and development “over there” and issues of poverty and social justice in the global north’ (Harrison, 2013, p. 274). This also echoes Meyers and Hunt (2014) concern for ‘the other global South’ that has long been present in the massive structural and health inequalities across the Global North, if widely neglected by global health itself. In trying to control and securitise COVID-19 ‘somewhere else’ in order to save lives ‘at home’, 130 countries closed borders to reduce the pathogenic threat posed by large-scale human movement (Devi, 2020). These closures, as well as widespread export bans, were a massive challenge for the global logistics industry that was tasked with delivering vital equipment, supplies, and expertise across the world. The effects of this have been global in scale, but in no way equally felt. In a sense therefore, the public health measures brought in to contain the virus have also revealed the spatial limits to the infrastructures on which humanitarian logistics depends.

Such ‘containment of humanitarian space’ (Office for the Coordination of Humanitarian Affairs, 2021, p. 34) raised an existential question: ‘What would the international aid community, long used to parachuting into a disaster, even be able to do now that the world had essentially shut down?’ (Alexander, 2020). As people across the world grappled with new forms of spatialised risk management—working from home, lockdowns—the humanitarian sector was no longer an exception, but subject to the rule as much as anyone else. This meant that ‘the coronavirus pandemic has flipped aid’s business model—deploying hundreds of outside experts to move in and assist—on its head’ (Alexander, 2020). This is not to say that the hypermobility of the ‘international surge’ model (Barbelet et al., 2020, p. 3) was uncritically accepted. Rather, the Grand Bargain reforms made it clear that a shift to ‘localisation’ (and away from an over-reliance on international expatriate staff) and a linked focus on resilience, national capacity-building, and sustainability were key to responding to the increasing number of protracted crises across the world (Hilhorst, 2018). The overtly colonial nature of the global humanitarian architecture with Western ‘expertise’ parachuted in to respond to crisis, profound inequities in pay and power, and a persistent lack of diversity in senior management of NGOs and senior posts at the UN has also been cause for criticism (Aloudat & Khan, 2021; Mitchell, 2021; Pailey, 2020). COVID-19 has thus accelerated a transition that was already ongoing within the humanitarian arena. For example, the pandemic forced greater reliance on direct cash transfers and new forms of social protection most often from national governments (Gerard et al., 2020), greater reliance on local staff (Barbelet et al., 2020), and novel remote management technologies (Mitchell, 2021). It has also witnessed an outpouring of direct assistance from ‘neighbours; local communities, mosques, and churches; local governments; diaspora remittances; volunteers; and all sorts of others’ that dwarfed that provided by the international sector but is ‘rarely
acknowledged as formal aid' (Alexander, 2020). The slowness of funds to reach the frontline has also accelerated efforts to look at novel financing mechanisms, with many local actors turning to crowdfunding, private donors, and the private sector (Development Initiatives, 2021).

As Nott (2020) points out, COVID-19 has compounded existing humanitarian crises and it has also magnified pre-existing acute and chronic need across the world. As a consequence, the virus has brought new humanitarian ‘hotspots’ to light—particularly across Latin America and the Caribbean—that are generally outside the spatial ambit of ‘Aidland’ (Apthorpe, 2005). Here, the steady erosion of social safety nets has left huge swathes of people catastrophically vulnerable to the socio-economic impact of COVID-19, poverty rates have soared to their highest levels in almost two decades, inequality has widened, and rates of precarious employment have climbed (The Lancet, 2020). As international mobility has become so ‘unbearably light’ as to literally evaporate, the response to (no longer distant) suffering has been carried by an array of regional, national, and local actors, often outside the infrastructures of development, humanitarianism, or global health. As a result, and as Leach et al. (2021) have argued, this also means that the often-held distinctions between ‘global’ and ‘local’ settings ‘are in practice collapsed and the hierarchy of institutional responsibilities, so important to maintaining the illusion of risk-based control, is constantly subverted’ (Leach et al., 2021, p. 12). In South Sudan, for example, an estimated 75% of international staff left the country in early 2020, leaving national staff to fill the gaps. In Yemen, the UN and INGOs evacuated half their staff in May 2020 on specially chartered planes to ‘protect them from COVID-19’ (Parker, 2020, n.p.). Placing another question mark over the humanitarian ethic of ‘solidarity’, the same occurred early on in the Ebola outbreak in West Africa as INGOs and others evacuated their international staff, leaving behind their national colleagues to face the substantial risks alone (Walsh & Johnson, 2018). These actions not only magnify the ‘relationship of hierarchy and inequality’, but also complicate the ‘unstable blend of compassion and domination’ that underpins the ‘White Saviour’ paternalism of humanitarianism (Barnett, 2014, p. 14; see also Pallister-Wilkins, 2021). As international staff departed from countries already in states of protracted crisis, the degree to which ‘the software of humanitarianism still runs on colonial hardware’ came into sharp focus (Donini, 2021, n.p.) and with it the ultimate precarity of that arrangement.

4.2 Inversion #2: Temporal: Acute, chronic, protracted, complex emergencies

While humanitarian intervention is primarily defined by its spaces of action, it can also be understood as a ‘temporal condition’ (Fassin, 2011a, p. 190). Its temporality has long been considered that of the acute where the ‘violence of the event, either disaster or conflict, calls for immediate action’, in contrast ‘to other modalities such as development that are inscribed in the long term’ (Fassin, 2011a, p. 189). Global health arguably straddles the inherently ‘presentist’ orientation of humanitarian assistance (Bornstein & Redfield, 2010, p. 6) and the ‘longer-term resolutions of inequality’ (Ticktin, 2014, p. 281) that are more commonly found in the development sector. A crisis, COVID-19 has multiple temporal dimensions. First, its unfolding traces historic structures of inequality and vulnerability—the failure to invest in public health infrastructure, health worker shortages, lack of social protection safety nets, and the legacies of uneven development (Hickel et al., 2022). Second, the present moment of crisis, the affective dimensions of which ebb and wane as pandemic waves rise and fall across the world. In other words, the ‘theatricality’ that often dominates efforts to encourage humanitarian pity is geographically partial and temporally fleeting (Chouliaraki, 2012). And third, grossly uncertain futures in which the trajectory of the pandemic can only be partially predicted through epidemiological models and alleviated through ‘anticipatory action’ (Burki, 2021; Hassan et al., 2021). Here we want to explore how COVID-19 has instigated a dynamic narratological process (Larkin, 2016) in which the past is often invoked to explain the present and a pathologically uncertain future sustains and sanctions policy decisions about how to manage the present. In so doing, it necessarily brings humanitarian, global health, and development into new and closer conversations, further calling into question the infrastructural divisions between the fields.

Within the critical global health literature, the historic roots of current health inequities can be traced back to ‘historically deep and geographically broad’ forms of ‘structural violence’ (Farmer, 2004, p. 309). COVID-19 has forced two temporal reckonings. First, with the ways in which past epidemics have been managed across the world and how these have or have not informed present-day pandemic preparedness and response (Lakoff, 2017, 2021). Second, with how structural inequities and their historic origins have produced and shaped the uneven experiences of present-day crisis. As Farmer argues in relation to Ebola in Sierra Leone, this was not ‘a history of inevitable mortality that resulted from ancient evolutionary forces ... It was the contingent history of a population made vulnerable’ (2020, p. 196). And yet vast inequities in the impact and effects of COVID-19 suggest that Farmer’s assertion could just as easily be applied to countries of the
Global North. For scholars of health inequalities or the social determinants of health, the fact of a pandemic revealing the deep histories of inequity and structural violence that have long been ‘embodied’ as illness and vulnerability was inevitable (Marmot, 2020). But, across the Global North, vast inequities in risk, exposure, vaccine uptake, morbidity, and mortality served as a powerful infrastructural inversion forcing political acknowledgement of (at least some of the forces of) ‘co-pathogenesis’ (Sparke & Williams, 2021). Whether this reading of the past will change the direction of future social policy remains unclear, but current signs suggest any attempt to ‘build back fairer’ (Institute of Health Equity, 2021), in the UK at least, will be drowned out by the economic externalities of the pandemic and Brexit.

In the present, human suffering has been framed in quite different ways. For example, as COVID-19 circulated with force in North America, Europe, and Latin America in 2020, African countries were hailed as a ‘paradox’ (Ghosh et al., 2020; MacGregor et al., 2022). Initial epidemiological predictions that COVID-19 would cause large-scale mortality and devastation throughout the continent were met with disbelief when this did not initially happen (Harper-Shipman & Bako, 2021). Explanations for this were multiple, including Africa’s young demographic and lower rates of cardiovascular disease, but lower down on the list were the lessons of the past: the continent’s long experience in managing infectious disease and the legacy of West Africa’s Ebola infrastructure in its COVID-19 response (Mayhew et al., 2021). But, as Adia Benton contends, the question of why COVID-19 mortality has been much lower in Africa (both than the international community expected and relative to other regions) ‘implies that African survival is not simply an anomaly, but a perverse deviation from the natural order of things’ (Benton, 2021, p. 169). Echoing Roitman (2017), she continues, ‘without being able to look to Africa’s failures for solace in the midst of our own misery and suffering, how do we define ourselves?’ (2021, 169). But, in stark contrast to the massive flows of international humanitarian assistance and the ‘crisis caravan’ (Polman, 2010) that engulfed the region during the Ebola outbreak, the humanitarian gaze has been far more limited with respect to COVID-19 in Africa. Within global health too, while North American and European anthropologists flocked to West Africa to study the Ebola outbreak and work alongside international organisations in ensuring a ‘culturally appropriate’ response (Lees et al., 2020), travel bans, institutional risk assessments, and emergency ‘at home’ mean that this has not been the case for COVID-19 (Benton, 2021). Such disparity in global health engagement is not reflective of the extent of crisis or the degree of need, but rather academia’s own ‘international surge’ model predicated on analysing the present and future path of those countries in the ‘humanitarian limelight’ (Richards, 2020, p. 504).

Understanding of pandemics is both anchored in the past (Fissell et al., 2021; Greene & Vargha, 2020) and inherently future-orientated (Anderson, 2021; Kelly, 2018). These are almost always in tension. As Ben Anderson asserts, moments of crisis or emergency ‘fold the future into the present’ (Anderson, 2017, p. 466) by calling for intervention to mitigate the consequences of unfolding events. But, COVID-19 ‘strains conventional temporal imaginaries through which emergencies are typically understood and governed’ (Grove et al., 2022, p. 1). The emergency imaginary typically assumes that intervention is undertaken in an effort to ensure the continuity of the future (2022, p. 8) principally because outcomes remain uncertain and emergent and can be stabilised through action. This jagged temporality is also highlighted by Leach et al. (2021) in their recent analysis of disease preparedness, where they argue that their ‘cases reveal interlocking, collapsed and folded temporalities, in which ongoing biological, social and political dynamics interplay with each other over different time-scales. Future uncertainties are not necessarily apprehended as linear and ordered, but collapsed and layered’ (Leach et al., 2021, p. 11). This not only takes the form of congruence between ‘slow’ and ‘fast’ (or chronic and acute) emergencies, but also the ‘collapse and layering’ of the infrastructures and logics that have long guided and sanctioned humanitarian intervention as a form of temporal ordering.

Within global health, the ‘sentinel’ logic of pandemic preparedness (Lakoff, 2010) has been predicted on the same hope of ‘linear temporality of pandemic emergency management’ (Grove et al., 2022, p. 15) that has been so upended by surge and retreat of COVID-19. Yet the pandemic has also mainstreamed epidemiological reason as a means to place present crisis in context and predict future emergencies (Anderson, 2021). While the ‘metricisation’ of human life has been a forceful critique in global health (Adams, 2016; Reubi, 2018), the same concerns now need to be taken seriously by humanitarians beset with an increasingly ‘templated’ logic of needs assessment. The faith in metrics comes out in full force in ‘Anticipatory Action’, ‘the humanitarian idée du jour’ (Lentz et al., 2020, p. 11). This ‘forecast-based’ way of anticipating crisis is reliant on ‘humanitarian diagnostics’ (Lentz et al., 2020) that offer the possibility of bringing global health’s concern with surveillance and epidemiology into conversation with Development and Disaster Risk Reduction. Proponents of anticipatory action argue that the majority of crises are ‘predictable’ based on a series of ‘triggers’ and thresholds (Office for the Coordination of Humanitarian Affairs, 2021). This shift to predicting and acting in advance of crises reflects the structural constraints on the humanitarian ability to ensure ‘future continuity’ (Anderson, 2017): rigid funding cycles, strict guidelines on what UN Central Emergency Response Funds can be used for, and limits on its use during early stages of disease outbreaks. There remain few examples
of anticipatory action in the context of epidemics, with the Start Fund (supported by the UK, Ireland, Netherlands, Germany, Jersey, and the Ikea Foundation) one of the few exceptions filling a gap for rapid-release funding to address ‘local crises’ among countries at greatest risk. As a temporal inversion, the call for more ‘early action’ shows just how lacking durable infrastructures of humanitarian response are under conditions of global emergency. This is even more so when COVID-19 is figured as a disaster (Hilhorst & Mena, 2021) that requires cross-working between the ‘public health, education, economic, humanitarian and development sectors’, as well as ‘urgent and long-term solutions’ (UN OCHA, 2020, p. 24). The problem, as Grove et al. (2022) remind us, is that without any clear linearity to its temporal path, even the distinction between the ‘urgent’ and ‘long-term’ (and the infrastructures called up for these) gets frayed.

5 | CONCLUSION

COVID-19 is a spatially dispersed, temporally open-ended, and dynamic crisis that sits amid the humanitarian, development, and global health domains. It is both a problem of these domains and an issue that forces a reckoning with the domains themselves. But, as Brada has argued, the ‘processes of classification and the resulting distinctions between “humanitarianism” and other categories are no less powerful for being frequently assumed rather than explicitly stated’ (Brada, 2016, p. 757). She argues that claims to humanitarianism are always contingent—on who makes them, where, and how—and the categories against which they are defined. Recognising such contingency is vital as COVID-19 continues to shift the conceptual and practical parameters through which crises are understood and acted on. Or in other words, continues to incite more infrastructural inversions. And yet, as Mitchell notes, while ‘locally-led initiatives are happening in the gaps created by external shocks, [the] essential humanitarian architecture is inherently locked with few incentives to modify or adapt. Although the system continues to save many lives, it can be characterised by a kind of “functioning inertia” which is resistant to transformative improvements’ (Mitchell, 2021, n.p.). In this sense, COVID-19 represents more continuity than rupture as the humanitarian endeavour has, for at least the past 5 years, been subject to intense reflection and critique, culminating in the agreements brokered as part of the ‘Grand Bargain’. The shifts brought forth by COVID-19 are, arguably, part of a longer lineage of ‘infrastructural inversions’ left in the wake of major humanitarian emergencies. For example, while Ebola revealed the profound shortcomings in the international community’s ability to respond to a global health crisis at speed, it also rendered visible both the root causes of the unfolding humanitarian crisis and the international community’s complicity in these (Farmer, 2020; Hickel et al., 2021). Thus, COVID-19 has not only revealed ‘new pathologies’ in the humanitarianism system, but has also brought ‘old ones into stark relief’ (Donini, 2021, n.p.). The infrastructural inversions that we have discussed in this paper are not necessarily novel, but they endure.

For geographers, these inversions clearly mark out fruitful points of intervention and interrogation. The research landscape on COVID-19 is as complex as it is saturated. It is complex because, like humanitarianism, the pandemic exists in a perpetual present. It references the failures of the past, but when and what the future will bring remains uncertain across the world. Researching COVID-19 is thus a Sisyphean task in which analysis and interpretation are constantly being upended and inverted by events (Will, 2020), as well as the ‘bug’ itself (Del Casino Jr, 2018). Yet, at the same time, COVID-19 should, as Sparke and Anguelov rightfully argue, be ‘contextualised geographically’, especially given how the pandemic has unearthed an array of ‘uneven geographies’ (Sparke & Anguelov, 2020, p. 498). In this sense, COVID-19 makes even more visible (in new and more painfully visceral ways) many of the issues of inequality and socio-spatial (in) justice that geographers have long explored (see Andrews et al., 2021). This inversion of foreground and background, of proximate and distal is something that critical global health scholars have long argued for (Biehl, 2016) and that development scholars and practitioners have also highlighted (see, for example, Ferguson, 1990). This is one aspect of inversion, but another that should animate geographical research agendas is how the imagined boundaries between the humanitarian, development, and global health spheres have not only shaped our disciplinary and sub-disciplinary cultures, but also led to a collective failure of our ‘emergency imaginary’ (Calhoun, 2010; see also Kelly et al., 2022). Emergencies are moments when the past rams into the future, where the relati
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DATA AVAILABILITY STATEMENT
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ENDNOTES
1 HRPs are prepared by Humanitarian Country Teams as part of the annual humanitarian programme cycle or under situations of acute need. The cycle starts with a ‘Situation Analysis’ undertaken within 72 h of an emergency that analyses the available data to understand how the crisis is evolving, the needs of affected populations, and how best to address these. These may lead to ‘flash appeals’. This information feeds into a Humanitarian Needs Overview (HNO), which differentiates between ‘immediate’ and ‘long-term’ needs associated with structural factors or resilience. This forms the basis of the HRP and its financial ask. In 2021, 63 countries had HRPs.

2 ALNAP describes itself as a ‘global network of NGOs, UN agencies, members of the Red Cross/Red Crescent movement, donors, academics, networks and consultants dedicated to learning how to improve responses to humanitarian crises’. It was formed as a result of recommendations made by the Joint Evaluation of Emergency Assistance to Rwanda and serves to gather evidence, improve mutual learning, share research, and provide a platform for debate and action. It is housed in the Overseas Development Institute in London.

3 Development Initiatives is a think tank and research organisation dedicated to data collection, analysis, and dissemination across a broad array of development areas. With offices in the USA, UK, and Nairobi, Development Initiatives is one of few sources of data on humanitarian assistance and financing. The Bill and Melinda Gates Foundation, United Nations Office for Project Services, and Deutsche Gesellschaft für Internationale Zusammenarbeit are its three largest funders.

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