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FIELD REFLECTION

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The Afterlives of Return and the Limits of Refugee Protection

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This article features a long-term refugee in Greece who decided to return to his home country in the face of severe illness. I ask what his illness and treatment in Greece, and ultimately his return to Sudan, reveal about protection regimes: as he sought care, respite from pain, and a good—or at least dignified—death. His return enabled him to be among family again, in once-familiar places, and to be laid to rest among ancestors. Yet rather than reading his return as a form of closure or resolution, I probe its afterlives: the frayed, tangled, still-unfurling edges of the story, which speak to the ongoing nature of displacement.

Keywords: return, refugees, Greece, healthcare

Hussein, who originally hailed from Khartoum, Sudan, received refugee status in Greece in 1999. I first met him in 2006 when I was still a graduate student. He was working as an interpreter at an asylum aid NGO in Athens where I focused much of the field research for my dissertation and, later, book (Cabot 2014). Over the years we became close friends—through various changes in our own lives. For me, completing my PhD, partnering up, job transitions, moves; for him, shifts in his work, periods of instability, and the transition from middle to old age. He was always quite fatherly, a bit flirtatious, with a piercing intelligence and humour. He was always much more than an ethnographic muse: he was a meaning maker alongside me in my work.

When taking stock of all the losses and challenges of these pandemic years, one of the most grievous of them, for me, was Hussein's death. In the summer of 2018, he was diagnosed with a catastrophic illness. In January 2020, he made the

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decision to go back to Sudan after over 20 years in Greece. And in July 2020, he died, after much struggle, ups and downs in his treatment, a sharp decline in his health and well-being, and periods of great pain.

The day of his death I received a message from a relative of his stating that he had passed away that morning and had been buried in the family cemetery in Khartoum. I had been expecting the news, but it still hit me hard. And I undertook the task of helping to notify some of our mutual friends in Greece. Responses to the news of his death, and conversations with colleagues and friends, expressed loss but also a sense of relief amidst the sadness: that he had died 'at home'. *There is nothing better than a refugee's return to his homeland to die next to his family*, expressed one colleague, who also noted the fall of Sudan's dictatorship in the military coup of 2019 which, he surmised, had contributed to making Hussein's return possible.

Such mixed sentiments of sadness and relief speak to multiple 'returns': to homeland, to family, to ground. This is the trope of the hero going *home* to circles of kin, and to the soil of his birth—idealized in the stories of Odysseus, Gilgamesh, and so many others. There are also, of course, the eschatological dimension of going 'home' to somewhere beyond the soil where (perhaps) we all come from. These tropes offer a kind of closure, completing a powerful narrative arc of dying at home among family after years of exile. But taken on its own, an overly celebratory vision of return risks neglecting important aspects of Hussein's life—as well as his illness and death.

The very idea of return is grounded on notions of origins and rootedness which, when taken uncritically, can reassert in Liisa Malkki's (1995) influential terms, the 'national order of things': the idea that people are born into, and must belong to, a nation state—and that otherwise they do not belong. While comforting to the living, return implies that Hussein—down to his very matter—had been put 'back' among ancestors and kin. The idea that Hussein died 'in place' (Douglas [1966] 2003) also implies that during his time in Greece he had been *out* of place. This is the same logic that marks border crossers as aberrant, exceptional, even threatening. *Return*, when wedded to the existential points of birth and death, is also grounded on ideas of temporal and spatial linearity, with clear beginnings and endpoints. In reality, however, lives—like memory—take shape in fragments, patches, and threads that tangle, unfurl, fray and loop back. And they have echoes—afterlives.

Noah Tamarkin (2020)—drawing on historian Saidiya Hartman's work (2008) on the 'afterlives of slavery'—writes that 'attention to afterlives highlights loss and remembrances, unexpected openings, and new circulations ... disparate kinds of lingering effects' (p. 23). Here, I want to attend to some of the afterlives of Hussein's return that continue to resonate, disquiet, and even acquire new vitality in the present. And in turn, I return to *him*, as I have over the years—revisiting him in this time of collective loss. I pour some libations into the dust, so to speak—to call him up again. I do not entirely want to let him rest.

In troubling a more idealized vision of refugee return, I do not question the importance of Hussein's return to Sudan, for him and for family and friends. But

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having been beside him for some key moments in his illness, I also know that this return was not just a *desire* on his part (though it was). It also was a *necessity* owing to failures and deficits in protection, rights, and care despite his formal recognition as a refugee, and the networks that he had achieved over his years in Greece. His going home was, from this perspective, as ambivalent as his death.

In discussing Hussein for this talk, I want to note a few elements that I am also ambivalent about (Cabot 2019a). In the past few years, I have been trying to make sense of how Greece became a site for unprecedented numbers of refugee arrivals in 2015–16, sparking an explosion of humanitarian interventions in Greece and a concomitant boom in scholarship. I was concerned by how crisis temporalities—and a tendency toward what I have called crisis-chasing among researchers—privileges spectacular aspects of crossing and arrival in engagements with mobile people. Crisis mentalities can have an exoticizing, othering approach to mobile people as particular 'objects' of study, investment (both moral and monetary), and intervention. Such approaches can also erase attention to more entrenched forms of exclusion and longer-term struggles for inclusion. And so, I have come to argue for attention to slow as opposed to spectacular violence in accounts of border crossing; a focus on complexity of feeling, even joy, over a fascination with suffering.

Here, however, I go against many of the very things that I have advocated for. I emphasize the experiences of struggle and survival foregrounded by a refugee interlocutor. I focus, in large part, on his suffering—if not the suffering of trauma and persecution, the pain of aging and illness and forms of systemic (if not spectacular) violence. I am quite convinced that Hussein would have been pleased to feature in a lecture at Oxford, and I have received the support of his close family in this decision. But even now, I remain unsure that the decision to discuss him here is ethically and politically sound. This ambivalence is, I believe, most appropriate for scholars working on such issues.

Still, since this is a lecture named in honour of the ethnographer Elizabeth Colson, I cannot think of a better platform to draw on insights from sustained attention over time and the mutual investment, intimacy, and care, such as that which my friendship with Hussein allowed; as opposed to a snapshot, drop-in analysis. Colson, a renowned fieldworker, long ago invited anthropologists to consider the diversity of ways in which people experience and deal with forced displacement, resettlement, and dispossession. Rather than outlining clear categories of (im)mobility and (non)belonging, her work shows the importance of looking for 'commonalities' across different phenomena that are often seen in opposition (Colson 2003: 3): for instance, considering the displacement of communities through dam constructions in Missouri and Tennessee alongside the forced resettlement of the Tonga people in Zambia's Gwembe valley (Colson 1971), or the casualties of urban renewal in Boston, MA (2003: 9). Displacement, her work shows, is not a singular event but has layers experienced over time, as people live through a series of responses to what may, or may not, be an initial experience of rupture. Forced movement entails various and changing

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forms of mobility and relationships with place: moments of being stuck, of cultivating a sense of home, resettlement—and yes, even 'return'.

Here, I track Hussein's shifting relationships with the country where he was compelled to make his 'home' (Greece), and the ambivalence of his ultimate return to Sudan. The long-term, mutual investments that often accompany ethnography may carry one into the hard but often uncelebrated, ordinary places neglected by certain refugee-related tropes with their focus on persecution and flight; the dangers of border crossing; or spaces of abjection or encampment. Aging, illness, and death are simultaneously extraordinary and deeply commonplace. Despite the problematic, even exploitative nature of anthropology's past and present, at their very best ethnographic engagements go far beyond mere 'research' and enter the terrain of love. I love Hussein. And I know many ethnographers would recognize the crucial role of love in our work.

Focusing on a particular life—and death—bears the risk of isolating a person from wider social processes. But when embedded in larger contexts, this approach can also reveal a lot about larger systems—and their failures. Looking carefully at what Hussein built, and how he struggled, underlines the limits of refugee protection and the unstable foundations of belonging more broadly. Pamela Ballinger highlights how reckoning with displacement often becomes eschatological in nature, particularly around the processes of death and burial and the possibility (or impossibility) of return to either a homeland or familial hallowed ground (Ballinger 2003: 174–180). Illness and dying in contexts of displacement speak to lasting elements of strangerhood intensified through debility. As Yasmin Gunaratnam (2013: 14) writes in her study of migrant illness and dying in the UK, 'bodily vulnerability is unevenly fabricated, distributed and defended against . . . to feel the pull of a distant home at the end of life, is *not* the same vulnerability that we all face of not knowing what the future holds' (12). Yes, we all die, but owing to systems and inequalities much greater than individual lives and bodies, we do not all have the same possibility to die well, or with dignity.

I draw on both direct encounters and conversations with Hussein over the years as well as things that he told me. I have not tried to confirm or triangulate all of the information gleaned from these accounts but, rather, I want to take it on *his* terms. It is, thus, safe to assume that there were key things that he did not tell me or which he told me in a particular way. Since I know some of his family and friends may also read this discussion, I want to acknowledge that versions of his life and death may be different (and more, or less, empirically accurate). This is my version.

Hussein's Backstory: Social Capital Meets Rights

Hussein travelled to Europe with his nephew in 1999. His nephew continued on to the Netherlands while Hussein chose to remain in Greece. I heard him recount many times over the years how he had known Greeks in Sudan (there was a large Greek population there when he was growing up) and found them 'warm, like the weather' – and that Greece reminded him of 'home' for both its warmth and its chaos. He would often display that sense of intimacy and even kinship with Greece

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and Greeks, combining both affection and frustration in tropes linking Global and European 'souths'.

Hussein had achieved what is the Holy Grail for most everyone I have talked to in Greece's asylum system: formal recognition as a refugee. His asylum case had moved swiftly, and he avoided the years of limbo that many have experienced in the asylum system (sometimes having to wait as long as 10 years, at least at that time). He thus had all the formal privileges of refugee status: access to the public health system, documents to remain in Greece, documents with which to travel (though not to relocate), and even a small stipend.

Hussein had also assembled a respected network of people who respected and supported him. As he readily would admit, it did not hurt that he was well-educated and articulate with excellent, British-accented English, and a professorial style. Even the very first time we spoke, in the interpreters' break room at the NGO where we first met, he noted how intellectual and social capital were crucial to making him and his 'story' compelling in his asylum hearing. Specifically, he emphasized that he had been able to give his account in English without relying on an interpreter, which enabled him to convey appropriate forms of emotion. He also emerged as a kind of 'model refugee' in Greek asylum advocacy networks in the 2000s, serving regularly as a refugee representative at events in Greece and elsewhere in Europe.

Despite his status as a recognized refugee, however, his stipend was not enough to live on, and he always had to cobble together his livelihood. He faced housing insecurity numerous times over the years. Unlike a great many interpreters in Greece at that time, who had language knowledge but not formal training, Hussein had worked as a professional interpreter for an oil company in Saudi Arabia years before coming to Greece. However, his job as an NGO interpreter was only part time. His access to housing and everyday forms of stability—when he did have them—did not emerge from regulatory or legal aspects such as formal rights, protections, and services, but instead from the *social* infrastructures that he himself had built.

First, he had an important network of Sudanese men. He ate multiple meals a week at various Sudanese 'restaurants' or social clubs (many of which were informally organized). He sometimes slept in these venues, as well. These were not just stable and safe places to eat and spend time; they were also sites of social safety and familiarity where he could speak Arabic, eat food he knew he liked, and enjoy being in the company of compatriots facing similar circumstances. A couple of Sudanese acquaintances told me that Hussein's class background and education, age, and racial background sometimes set him apart socially. In the account of one interlocutor, Hussein was legible as part of an Arab elite; while a great many Sudanese men in Greece (particularly in the mid-2000s) were in their 20s and came from a black African background. Still, these restaurants were sites of gendered conviviality shared by men like himself navigating conditions of displacement, exclusion, and poverty in Greece.

Hussein had also built important professional networks in NGO and advocacy circles and beyond. In the early 2010s, through an acquaintance he found a part-

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time job at a hotel in an affluent suburb of Athens. He was also given a room there, thanks (in his own words) to his boss's 'kindness' and the fact his boss was 'a good man'. Hussein noted so many times how much he valued the independence and privacy that this work/housing arrangement offered.

He also had cultivated strong relationships with a network of Christian activists who had been in Greece since the 1990s, with ministries in the heart of Athens. He was not a believer (he was more agnostic than anything), but he always made the point that he was treated with kindness and, just as importantly, 'dignity' by them: at their ministry you could take a shower, get a warm meal, and wash your clothes. He often spent Christmas with the head of the ministry and he met a number of other close friends through them. He regularly attended Bible study for the intellectual stimulation and the sociality it promised—as well as the opportunity to debate, provoke, and argue, which he enjoyed,

There were also kinship networks. Throughout his time in Greece he remained in contact with siblings and extended family and was even able to see his son occasionally. But these aspects of Hussein's life I am going to leave opaque because I cannot speak to them directly.

My point here is not particularly surprising, I am sure: even though he had achieved refugee status, legal recognition in itself did not grant Hussein a livable life. He had to do extensive, often exhausting, work to cobble one together. While his flight from Sudan and his journey to Greece could be dated, narrated, and plotted spatially and temporally in concrete terms, there was never any clear moment when he 'arrived' in Greece. Belonging, as Nikhil Anand (2017) writes in his study of citizenship and water infrastructures in Mumbai, is 'not an event that is turned on and off like a switch'—nor can it be secured through formal recognitions (p. 9). Instead, it is assembled—actively by people themselves—in often patchwork and 'fickle' ways (p. 10). As Catherine Besteman (2016) shows, in her study of Somali refugees in Lewiston, Maine, refuge is not claimed, awarded, granted, or conceded—but *made*. Hussein had assembled a powerful set of infrastructures—economic, social, legal—that facilitated access to things crucial to his survival. Yet they were unstable as they were essential.

Crisis, Dependency, and the Humanitarian Boom

Hussein's capacity to survive was—as perhaps is the case for all of us, and certainly for displaced men in Greece—directly dependent on his capacity to engage in productive forms of labour. This productivity supplemented—and was supplemented by—his social networks. He worked in fishing and in agriculture when he first arrived in Greece, even though he was already in his mid-late fifties. As he aged, the physical labour that so many young migrant men rely on was increasingly unavailable to him. But he also expressed a quiet determination to make use of his considerable intellectual and social gifts: hence his work as an interpreter, and at the front desk of the hotel, as opposed to labour demanding bodily exertion.

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During the early-mid 2010s, economic crisis in Greece and subsequent austerity memoranda vastly impacted Greek citizens as well as long-term residents like Hussein, via mass unemployment (26 per cent in 2017), pension cuts of 30–50 per cent, the increasing prices of necessities, privatization of public services, and huge cuts in the public sector. Ways of making lives and livelihoods were rerouted to an ever more diversified array of actors, institutions, and networks. Many people began to awaken to the fact that neither work, nor even citizenship status, guaranteed that one could survive, let alone flourish—if indeed they ever had.

Hussein's boss, himself near retirement age and facing economic difficulties, decided to sell the hotel to a buyer who was much less concerned about his employees and Hussein had to leave. His friends from the church, through their ministry, provided him housing in a shared apartment with another man. While Hussein noted that he was grateful, he found this experience difficult: he found his housemate particularly difficult to tolerate owing to the relationships of dependency that he had cultivated: 'He goes to the mosque *and* the church, as a way to ingratiate himself to both—to increase his chances of receiving assistance.' Hussein did not approve. 'Can you imagine?' he went on. 'To have *dependency* as your goal in life!' Still, in losing his access to wage labour, Hussein was also increasingly positioned—if unwillingly—in the very relations of 'dependency' that he found so difficult and demeaning. This was also at a time when incidences of racialized violence spiked in Greece, and he increasingly experienced forms of everyday racism and even assaults.

In 2015 and 2016, though, the increasing arrivals of border crossers in Greece created a boom in the humanitarian and migration management sectors, including a high demand for skilled Arabic interpreters. And so, Hussein went back to work—a way out of those relations of dependency that made him so uncomfortable. He was 73 years old at that time—well beyond the retirement age—but he took a full-time job with the NGO where I had met him a decade earlier. He was first sent to work on the island of Leros in late summer 2016, then to Chios in Winter 2017. There, he developed important collaborations and friendships with his co-workers, but he also experienced harassment by neo-Nazis who had a strong presence on the island.

During the periods he had off we would sometimes meet in Athens. He always emphasized his own position of relative security with respect to more recent arrivals and, in many cases, Greek citizens navigating poverty. Discussing the grassroots healthcare initiatives where I was doing fieldwork at the time, he explained that he had only sought care at them on a couple of occasions though he admired them very much—particularly their commitment to only taking donations in kind, not money. He noted approvingly that they primarily helped those who did not have access to the public healthcare system; and he, as a recognized refugee, did have access, unlike *sans papiers* and uninsured Greek nationals.

During those years of overlapping crises in austerity Greece, the rights and entitlements of membership became increasingly confused, producing what I have written about elsewhere as a context of 'humanitarian citizenship' (Cabot 2019). Since 2011, Greek and European public discourses had increasingly coded

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the Greek 'economic crisis' as a 'humanitarian crisis' (*anthropistiki krisi*). Later (in 2015), the Syriza government's policy framings reinforced this language in a number of social programmes meant to address the human costs of austerity. Citizens, more recent arrivals, and longer-term residents alike increasingly relied not just on state and public services, but on diffuse and unstable infrastructures of support, many of which distributed resources based on notions of vulnerability, extreme need, and other humanitarian tropes. These were not just initiatives focused on refugee reception. A panoply of extra-state structures (NGO, charitable, grassroots, and otherwise) assisted people struggling with survival irrespective of their national background—including so-called 'regular Greeks'.

Particularly in 2015–16, during the 'refugee crisis', the humanitarian sector became a crucial employment venue for Greek nationals and residents of migrant and refugee backgrounds like Hussein. For instance, one of my close interlocutors from my current book project, a Greek man with no previous experience in the humanitarian field, had only one job since 2011: an 8-month temporary contract at a refugee camp (see Cabot 2019b). As livelihoods in Greece became more and more precarious, they also became increasingly dependent on the refugee industry. The humanitarian sector—while built on the dependencies of others—made Hussein *less* dependent, at least for a time.

In 2017, he was sent to the island of Lesvos, just 5 km from Turkey. Hussein went to work in what he described as 'the end of the world': Moria, the refugee camp that burned to the ground in September 2020, renowned for its overcrowding, poor sanitation, and horrific conditions. In all the years I had known him, Hussein had never shown himself to be worn down by anything emotionally. But it was almost as if he could not manage this work—even as it was necessary for his own precarious security and independence. He was thus stuck between the poles of work or dependency, neither of which presented stable livelihoods; particularly for a person in his mid-70s, and who—unbeknownst to him at the time—was under the shadow of an impending catastrophic illness.

Illness and Care Seeking

In 2018, I spent 2 weeks on Lesvos teaching in the University of the Aegean's Summer School on Cultures, Migrations, and Borders, as I have every year since 2015. I was excited for the chance to reconnect with Hussein, and he even agreed to give a talk to students of the Summer School, along with a close lawyer friend. As thrilled as I was to see him, and to introduce him to close friends and colleagues, I was worried. He had always been thin, but he had become frail. A colleague visiting the summer school, a medical anthropologist who has spent years working with people dealing with various forms of illness, asked me outright if he was sick. This comment proved prescient: On the day I was scheduled to leave the island to return to Athens, Hussein cancelled a plan we had made to say goodbye. He had been moving a sofa in his room when he felt a sudden extreme pain in his shoulder. He needed to rest.

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His condition worsened over the next week, and a trip to the hospital showed that he had multiple broken bones, including his collarbone and some ribs. His colleagues arranged for transport back to Athens where a close friend from the church provided him with housing and (incapacitated as he was) got him to the hospital for an examination. Without getting into the details of his illness, he was diagnosed with a form of cancer that, when it progresses, can cause a weakening of the bones. His bones breaking spontaneously meant that the cancer had spread significantly. Hussein was well acquainted with this form of cancer since a close family member had died of it; he was discouraged and, I think, afraid.

Despite the urgency of his condition, over the next few weeks (after I had returned to the US for the academic year) he told me that he was still waiting to begin treatment. By that winter, Hussein had decided to go to Amsterdam to stay with the nephew who he had travelled to Greece with years ago, to see if he could access treatment there. I met with him when I was visiting Amsterdam in January 2019. He insisted on meeting out of the house—explaining that getting out would do him good—but when he and his nephew arrived, he told me that had felt a bone break as they were walking out the door. We sat in a restaurant, Hussein dressed in a suit jacket with a cane that made him look even more dapper than usual—but hunched over in pain.

A couple of days later, I brought a copy of the film 'My Fair Lady' with me across town to the comfortable, multi-room apartment where his nephew lived. Hussein, like me, was a sucker for musicals. He was laid out on a bed in the living room where he could watch television easily. After we watched the film, his nephew made us a delicious, late afternoon meal of curried chicken, and Hussein spoke with clear admiration at his nephew's cooking. He ate with a gusto I had not seen before. Hussein usually picked at his food, maintaining that he had not need to eat a lot and that he hated cooking for himself. But this was food he liked, consumed in the company of friends and family.

Over dinner Hussein and his nephew both expressed concern and frustration, because he had been waiting for over a month to see the doctor. As in a great many European countries, he needed to have a local primary care doctor to see a specialist, and he was waiting for that initial appointment. Nonetheless, I left Amsterdam feeling that he was in good hands.

A few weeks later, however, Hussein collapsed and was brought into emergency care. Tests showed that the cancer had worsened, and he was reaching the point of kidney failure. He spent a few weeks in the hospital, on a drip, until he was stabilized, and his son got leave from work and came to visit him from Khartoum. Hussein told me that he expected that this emergency would accelerate his treatment. Yet when he was released from the hospital he called me, much renewed from his hospital stay, to tell me the following: He had indeed gotten an appointment—with a renowned expert on the kind of cancer that afflicted him. But, he told me (chuckling), I would never guess where this doctor was located: in Greece. He had to receive his treatment there, since that is where he had refugee status.

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The doctor in Amsterdam arranged with the doctor in Greece for Hussein to begin treatment as soon as possible. Hussein laughed at the bureaucratic irony that governed his care, and how his prolonged wait to see a specialist (in Greece) was accelerated through his stay in the Netherlands. It reminded us both of Dublin cases from the mid-late 2000s, when asylum seekers used to be returned to Greece regularly from sites in the European North. While he had succeeded in accessing specialist care Hussein was essentially 'returned' to Greece via the very health system that had drawn him to the Netherlands. Just as importantly, he was also sent away from family, a warm home, company, and food that he liked—any one of which could make all the difference for someone facing a catastrophic illness.

Treatment in Greece

I met with Hussein a few months later upon my return to Athens in May 2019. He was doing better. After a very difficult Spring, he had completed a few rounds of chemotherapy and it seemed to be finally having a positive effect: his bones had healed, and he was mobile again. He had rented a one-room basement apartment in Kypseli, a relatively short walk from Victoria Square, near a Sudanese restaurant where he managed to go once a day to eat. The rent was affordable on his stipend and with a bit of help from friends and family, and he expressed pride that he had some personal space—dark and damp as it was (during a particularly rainy and cold Spring). He had some energy to go out as well: we went for coffee as we used to, meeting in the city centre, and I helped him shop for sandals and clothing for the upcoming summer. We went back to talking about my own problems and doubts, and he made me laugh, as usual.

I also started a ritual of going with him to chemotherapy and going to eat together afterward. He was very pleased with his doctor, who he emphasized treated him courteously and provided him with excellent care. He joked (with the intimacy and irony that he sometimes expressed regarding his life in Greece): 'you would never even know it is Greece!' He was also pleased, he told me, at how he was treated in general: 'I just go in and they let me go right up—in front of all the other people waiting.' And they always called him 'sir' or 'mister' (*Kyrios*).

The very first time we went together to the hospital this excellent access was on display. He showed a note from his doctor to the people at the front desk who let him jump the queue. He walked right into his doctor's office in the oncology section, passing a long line of people in the hallway, some with the patchy hair of outpatient chemotherapy patients—some with family, some on their own. His doctor—a woman about my age or younger—looked at me and commented on 'how many friends he has.' I was clearly not the first to accompany him. She delivered to him the good news that according to his latest tests the chemotherapy was making significant inroads. I asked her how I could be of help, and she urged me to help him eat—and scolded him kindly for not eating enough. 'He needs to eat all food groups every day,' she emphasized. He nodded reluctantly.

Hussein's experience of care at the hospital—an experience of dignity, let us say—was indeed impressive, even compared to my own uneven experiences with

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the public health system in Greece and, especially, the accounts of a great many others. Access to healthcare for migrants and asylum seekers in Greece is the topic of a much, much longer conversation. Suffice it to say that (formally registered) asylum seekers, refugees and long-term residents do indeed have access to the public system—as Hussein had noted earlier—though ease of access and quality are always extremely inconsistent. This inconsistency was exacerbated by austerity related cuts (Burgi 2018). However, Hussein's experience of care went beyond mere access or entitlement; he was particularly pleased because he seemed to be receiving *special* treatment. I described his experience to an acquaintance of mine who noted that his doctor must be powerful, with good contacts in the hospital. Whether or not this interpretation is true, it nonetheless betrays a common understanding of the importance of networks in Greece which also shapes care seeking strategies: the idea that a right, on its own, is not enough—one also needs social infrastructures (see Pantović 2019).

After Hussein's chemotherapy we would go to a fish taverna near the hospital and order grilled sardines, boiled zucchini, and feta. He liked fish—as well as spicy things: he always asked the friendly proprietor for red pepper flakes. The first time we went he ate gingerly but hungrily, telling me that he had not managed to eat a real meal in 3 days: he had been too tired to go to the Sudanese restaurant, and he was only able to bring himself to snack at home. In his formulation, then, his failing appetite made manifest not just his illness but the social isolation that accompanied it—despite his excellent care he received *at* the hospital. In stark contrast to what I had witnessed in Amsterdam, where his nephew cooked for him and ate with him, in Greece his appetite—and as his doctor made clear, also his bodily health—depended on others coming to his apartment to eat with him, or on his own energy to go out.

Family and friendship networks were not just crucial to his appetite, but to his care more broadly. A few weeks later, Hussein called me from the largest hospital in Athens: Evangelismos. He had fainted at the Sudanese restaurant, and some of his friends had brought him there. He had been admitted. I went over, bringing clean sheets (which are often in short supply at Greek public hospitals), reading material, and upon his request some juice and snacks. He could not even look at the hospital food, he said.

I arrived to find Hussein on a gurney outside a room—in a long line of occupied gurneys overflowing into the hallway. He was one of only two people in the ward who were there 'alone', meaning 'without family'. The other was a woman from Crete who had been visiting Athens for work and had fallen ill. Otherwise, the ward looked like a busy day at the seaside: lawn and beach chairs, coolers, and at least one or two people gathered beside each bed, often in chatty groups. So I settled in to accompany Hussein.

He had an infection: a fever and a high white blood cell count owing to his weakened immune system, not the cancer. We spent a surprisingly pleasant few days, often laughing and joking, as he awaited test results and communications with his oncologist. Other friends stopped by as well. During his stay, Hussein laughed repeatedly about a particular patient: a robust looking man likely in his

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late forties, who flirted with the nurses and hung out with other patients, pacing up and down the corridor. This man was attended by his aged mother who looked like she could barely sit upright in the chair but who came every day, her arms weighed down with things for her son, including trays of homecooked food (officially not allowed in the hospital). For Hussein, this man encapsulated the figure of the unmarried, spoiled Greek son: the *mamakas* (mama's boy), the counter-image to his own position as the older foreign man, 'alone'. In the meantime, since I was not a family member, I had to justify my access to the hospital every time I entered outside visiting hours until the guards got to know me, and I ultimately obtained a visiting pass: are you accompanying someone? *Yes. He is alone—I need to be with him.* This would always garner a sympathetic nod and a wave through.

All laughing aside, though, the congregations of families, the beach chairs (I learned to bring my own)—these are not luxuries. Particularly following the major cuts in the public system, including the loss of thousands of hospital personnel, family or friends are crucial for taking care of patient needs beyond the twice daily doctor's rounds. Emptying the bedpan, helping someone to the toilet, bathing them—these essential duties mostly fall to family members or, for families that can afford it, outside 'private nurses' who come for a fee and whose services are advertised throughout the hospitals. Hussein did not need such intimate help from me, as he was relatively mobile. But I arranged his pillows, brought him water, snuck some snacks in that he might find appetizing, and helped him walk down the hallway to the bathroom. I also tried my best to be an advocate, asking clarifying questions of the doctor, seeking to contact his oncologist, arranging with the surprisingly amiable kitchen staff to bring him rice and tea—the only things he could stomach. The people on the floor gossiped about us: was I his daughter? (I was too young to be his wife, surely.) He is dark skinned—I am white skinned. We went with the daughter story. But the idea was that I *must* be family—since *family* accompanies you into the hospital.

After a few days, Hussein was finally moved inside one of the rooms: he was happy to have a more comfortable bed, but he lamented that he was now in a room with all the men—and, of course, their wives, children, friends, picnics, and radios. He could not get a moment's peace.

Going Home

When Hussein was released from the hospital, he was unable to resume his chemotherapy for a couple of weeks until he had recovered more fully. Before I had to return to the US for the beginning of the academic year, I went with him one more time for his treatment which, it turned out, would be the last time I saw him. I also brought him a supply of tramadol—an opioid painkiller—from a grassroots pharmacy where I have been conducting research since 2015. He had the requisite prescription, but it was sometimes hard to find this medicine at the pharmacy that was walkable from his apartment.

In the early Fall (2019) he told me that his doctor had delivered positive news regarding his treatment and was giving him a break from chemotherapy until late

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September. His text messages conveyed contentment, even joy. 'I am able to spend long time outside the house. I go to the Sudanese restaurants, sit in different parks. I am thinking to go to the beach. I am really very happy.'

During the break in his treatment, he also decided to return to Amsterdam to visit his nephew: he did not want to be alone in his damp basement anymore. He stayed away for a few weeks. But upon his return in Athens—literally, at the airport—he went to wash his hands in the bathroom and he felt, in his words, 'a thousand vaults of electricity and a great sound of a crack. And a pain you cannot imagine.' His arm had broken. His condition had worsened again.

After that, I noted a change in his tone: a sense of resignation, exhaustion, even despair. Still, his networks mobilized. Friends from the NGO worked to fix problems with his pension and arranged for him to eat lunch every day at a restaurant nearby. Sudanese friends and a friend from the church helped with housing and at-home care. When we spoke, I tried to cheer him up and I brainstormed possible 'solutions': Is your treatment not going well? What if we can get you a place to live, temporarily, near the hospital? What about 24-h care? He told me he would think about it, but I do not think he ever seriously considered any of my ideas.

Hussein called me in early January 2020 telling me that his son had arrived in Athens. They together had decided that he would go back to Sudan. There, he would be able to stay with his sister, emphasizing that they have access to private hospitals and good networks. He would have good treatment, and he would not be alone—he would be with family. His son and a dear friend from the church brought him to the airport—another bone breaking the very morning of his departure—where they undertook a journey with a 10-h layover in Cairo. But he made it.

Over the next few months, we spoke regularly, though our calls became increasingly infrequent and eventually also incoherent. He was staying in his sister's well-appointed house. He pointed at the nice furnishings during our video chats, and he spoke of the nice hospital he went to for his care. He faced an initial difficulty accessing painkillers, he told me, which he explained are particularly well-regulated in Sudan, and this made the first few weeks that he was there extremely difficult. Once he got his pain under control, he voiced a fear of becoming a 'burden' to others; relationships of dependency still seemed to bother him, even though he was with family. A hired caregiver came in every day and would bring him outside into the courtyard when his sister and his son were at work. When the pandemic hit in March 2020, he joked that now everyone else was like him: immobile.

The last time I spoke to him was in mid-May, 2020, when his son facilitated a call between us, after a great many unanswered texts and calls on Whatsapp and Messenger. Finally, on 2 July 2020, I received the following message from his nephew in Amsterdam:

> *Hussein passed away this morning. Buried two hours ago in the family cemetery.*

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Returns

And so here I am again—at that return where I began: Hussein's being laid to rest among family, having died among family, at *home*. It does present a kind of peace—relief from suffering, pain, and struggle. But this return also leaves disquieting echoes, given all that made Hussein's life in Greece difficult and his illness and dying even more so—despite his legal status, his education and linguistic knowledge, and the robust social ties he had built.

Hussein did not just *choose* to return; he also *had* to return, owing to systems failures far beyond his own failing health which make it so difficult, for so many, to live and die with dignity.

Lacking the legal mobility to receive treatment elsewhere in Europe, where family members could help him, Hussein did acquire excellent care at the hospital in Greece. But his treatment could only go so far, owing to lack of adequate home healthcare, housing, transport, and other forms of assistance and an anaemic public health system that had, under austerity, undergone drastic cuts. And it is important not to write this off as a 'Greek' problem, since austerity was, in fact, a European-level set of policies that severely impacted the population at large in Greece. Still, the presumed availability of family and community care is so often leveraged to legitimize cutbacks in public systems—even as many households do not have adequate resources, and even if not everyone *has* kinship and social ties (both displaced people and those 'at home'). The assumption, however, is that family and social networks are supposed to be there when all else fails. And as such, the public system *can* fail.

Hussein's illness also illustrates what Georgina Ramsay (2020) describes as the close tie between protection and the profitability of refugee lives and bodies. These are forms of protection that make economic independence, and the labouring viability of bodies, prerequisites for survival (not to mention well-being). Even as someone dealing with aging and debility, from his arrival in Greece until his return to Sudan 22 years later Hussein either had to work or enter into relations of what he called dependency in order to survive. As his capacity for work dwindled and eventually diminished entirely, it became impossible for Hussein to be *both* independent and not alone.

His decision to return to Sudan was, *of course*, about being around loved ones and once-familiar places. But I believe it was also a way into relations of care beyond dependency—a way to die with dignity. Sarah Willen (2021) argues for centring questions of dignity in the study of mobility. A focus on dignity, she argues, goes beyond taking suffering and abjection as topics of inquiry *in themselves*—and looks at how people seek ways to live and even flourish (always partially, of course), even in unlivable circumstances. Flourishing, livability—these are, as Willen writes, 'fundamentally future-oriented and infused with possibility and hope about whatever measure of life remains' (p. 173). But what happens to dignity when that horizon contracts or fades?

Hussein showed me that dignity in death is as important as dignity in life. And death, like life, is a form of becoming—not an event with a clear *telos* or endpoint,

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not exceptional to life. Instead, the circumstances of one's dying refract the kinds of belonging that one has experienced. The spaces of livability, of flourishing, that Hussein carved out in Greece during his life were always over and above his access to rights, in the connections that he and others forged together, in kindness, courtesy, care. I believe these aspects extended also to the kind of death that he sought: in the embrace of relations that would make weakness and pain bearable, and in which he could remain, on some level, independent, dignified—yet not alone.

Following experiences of displacement across the life-course necessitates looking beyond punctuated moments of persecution, flight, arrival, reception, access to asylum—those so-called 'refugee related' issues—to the wider frameworks of rights and care in which we are all embedded, and the core question of what we value in our societies. Frailty, aging, illness, death—these are in many ways great equalizers, afflicting all of us who are lucky enough to grown old. But we experience them differently, owing to the systemic, often systematic, features that asymmetrically distribute suffering and flourishing and which go far beyond the singularity of any one life, or death. One could argue that we cannot legislate or enforce dignity. But we can work for more systemic, more systematic, ways of promoting forms of care beyond dependency, which make dignity possible for everyone, in the fullness of their lives—and their deaths.

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