One thing left on the checklist: ontological coordination and the assessment of consistency in asylum requests¹

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ARE THESE MEN and women arriving at our shores ‘genuine refugees’, entitled to international protection, or are they ‘bogus applicants’, trying to abuse our welcome? In this chapter, I look into the legal procedure known as Refugee Status Determination to get a glimpse of how the border between genuine refugee and bogus applicant is performed. In particular, ..., this chapter dwells on the notion of consistency and the impact it has over the outcome of asylum claims. Taking the work of asylum screening in Brazil as a setting, I propose to look at how examiners are steered towards denials when considering the degree of consistency in asylum seeker's narratives.

Along with the assessment of legal fit and empirical support, the judgment of consistency is one of the main cues on which examiners rely to rule on asylum requests. The perceived consistency of the asylum seeker's narrative is taken as a reliable indicator of the case's overall strength.

The use of the indicator ‘consistency’ is based on an assumption that a person who is lying is likely to be inconsistent in his or her testimony, presumably because it is considered difficult to remember and sustain a fabricated story; and/or when challenged, it is assumed that individuals who are not telling the truth try to conceal their inconsistencies by altering the facts. The converse supposition appears to be that if applicants actually experienced the events they recount, and are genuine in their statements, then they will broadly be able to recall these events and related facts accurately and consistently. (UNHCR 2013: 149)

This chapter takes issue with the use of consistency as an indicator of credibility. As a number of studies carried out by asylum scholars of scholars and refugee protection organisations have pointed out, consistency assessments are often derived from rather contestable assumptions about how human memory works (Rousseau et al. 2002; Asylum Aid 2011; Jubany 2011; Griffiths 2012; Menon 2012; UNHCR 2013). To expect asylum seekers

to report violent experiences consistently have been charged for underestimating the impact of trauma over their narratives. From the point of view of case examiners, assessments of inconsistency also raise questions about the tacit understandings of relevance on which examiners rely, for example taking... when evaluating whether a case is consistent, examiners have to rely on tacit understandings of what kind of discrepancy is relevant, for example taking some inconsistencies as deceitful while acknowledging others as 'honest mistakes' (Griffiths 2012: 8).

Yet, despite the many questions that surround the use of consistency as an indicator of credibility, the identification of narrative inconsistency is still. Nevertheless, despite the "epistemic anxiety" that surrounds the use of consistency as an indicator of credibility, the identification of narrative inconsistency is still regularly accepted as a basis for denial (Cabot 2013, 454). Comparative studies on the status determination procedures among UNHCR member states have shown that narrative inconsistency is one of the arguments most commonly invoked by determining authorities to justify the denial of asylum claims (UNHCR 2010; 2013). As these results suggest, somehow justifications for denying asylum that point to a lack of consistency end up achieving the 'authority of legal knowledge' (Griffiths 2012: 8, Foucault 1979 : 136). How assessments of inconsistency manage to achieve truth-value is the main puzzle that concerns me here.

The argument put forward in this chapter is twofold. First, I borrow the notion of ontological coordination from the work of Dutch philosopher Annemarie Mol (1999, 2002a) to spell out a further reason to doubt the use of inconsistency as justification for denial. I argue that the belief that it is possible to assess a case's strength by relying on a judgment of consistency is dependent on the misleading assumption that different determination practices are looking at the same and singular underlying case. I contend that, if the enactments of the case emerging from different practices prove to be consistent, this result cannot be written off as a natural consequence of different practices exploring the same request. Secondly, I draw attention to the impact exerted over assessments of consistency by 'check-list' portraits of status determination. I maintain that to describe the relation between different determination practices as a list of steps is not an innocent aesthetic choice, but a rather efficient technology of government (de Goede and Sullivam 2016; Leander 2016). 'Check-list' descriptions of determination practices, I argue, have the political effect of Othering alternative enactments of the case. They steer asylum requests towards denial by making alternative ways of enacting a case hard to see.

To support these claims, this chapter shall stitch Mol's concept of ontological coordination to a series of stories I experienced while conducting documentary research, interviews and participant observation among case examiners in Brazil. During the two years I worked on this study, I took an internship position with *Cáritas*, one of the legal agencies responsible for guiding asylum seekers through the

meanderings of status determination. I followed asylum seekers in their encounters with the Brazilian Federal Police, with lawyers and case officers, in trajectories that took me through multiple sites: from Rio de Janeiro to São Paulo, from São Paulo to Brasília, and back again. I watched while men and women from all over the world – old and young, Angolans, Colombians, Syrians, Afghans – inscribed their lives on forms and handed in fading documents. I listened while they told their stories, sometimes in Spanish and Swahili, sometimes in French or in English, sometimes mixed with laughter and sometimes with tears. I observed while lawyers opened new files, filled them with notes and gave their initial judgments, after listening more or less persuaded by the applicants' reports. And, after long and hard negotiations, I also gained access to a beautiful arched building designed by Niemeyer in Brasília, where members of CONARE (the National Committee for Refugees) reopened those files to pronounce final rulings about people's lives.

And what did I see while following asylum seekers through society? I found an equally heterogeneous array of applicants and documents, poorly printed forms, lawyers, and case examiners, national treaties, old computers, yellow folders, fading stamps, interpreters, human rights records, ministerial representatives, oral accounts, cold meeting rooms and, sometimes, colder police officers; all coming together to establish or deny the refugee reality of asylum seekers.

To be sure, for the sake of full disclosure, I set out looking at these practices already convinced that the definition of whether the asylum seeker is a migrant or refugee cannot be traced back to a single and isolated event, as if the border between migrant and refugee were something that decision-makers got together at some point to build (Magalhães 2015, 2016). Michel Foucault (1998: 111) argued once that the task of a critical theorist is to make easy beliefs hard. The literature on security and borders to which I subscribe can be said to be rather critical in that sense. Virtually all easy assumptions – concerning why we have borders, how they come into being, where, when, and by whom – have been problematised. One of the key contributions that has been made by these studies has been to question the spatial and temporal reduction of border control to the activities taking place in ports of entry at the moment of crossing (Valverde and Mopas 2004; Amoore and de Goede 2005; Doty 2007; Walters 2006, 2008; Vaughan-Williams 2009; Johnson et al. 2011; Côté-Boucher et al. 2014; Maguire et al. 2014).

As a positive spin-off from these arguments, instead of studying the functioning of the border, we are now used to talking about how the work of *bordering* is performed (Johnson et al. 2011; Côté-Boucher et al. 2014; Maguire et al. 2014). *Bordering*, not borders anymore: a minor change in phrasing, but one that captures a lot. For at stake in...these few extra keystrokes is a shift between an ontologically substantialist and an ontologically relational approach. Instead of treating the existence of the border in substantial terms, studies focused on the performance of borders are interested in how the border comes into being

and how it is maintained. Taking my cue from this performative approach, I attend in what follows to how the the border between migrant and refugee is reinforced by an practice so apparently innocent as describing the work of status determination as a checklist.

Step by step

After arriving in Brazil, asylum seekers visit Cáritas or other civil society reception centres and fill out an asylum request questionnaire. At the Federal Police, police officers prepare an affidavit and scan the asylum seeker's fingerprints. Stamped and signed by the federal officer, the asylum request is made official. Back at Cáritas, asylum seekers undergo eligibility hearings with lawyers and CONARE representatives. These eligibility officers then report to CONARE's Group of Preparatory Studies (GEP), where a first legal opinion is prepared on whether to grant or deny asylum. This recommendation is then forwarded to the CONARE plenary, where it is put to a vote (Jubilut and de Oliveira Selmi Apolinário 2008). It is the ontological politics that goes on during the first encounters in the procedure that I unpack next.

Let us start by taking the narrative down to the Cáritas branch in São Paulo, one of the main entry points for asylum seekers in Brazil. It first occurred to me that something was off with the checklist below (figure 7) during a meeting with

RIGHTS AND DUTIES OF ASYLUM SEEKERS AND REFUGEES IN BRAZIL	PORTUGUESE	ENGLISH	FRANÇAIS	ESPAÑOL	
<p>HOW TO SUBMIT AN ASYLUM CLAIM IN BRAZIL? When entering the country, foreigners who consider themselves victims of persecution in their country of origin should go to any Federal Police station or immigration authority at the border and formally request protection from the Brazilian government. It is strongly recommended that the Federal Police is sought as soon as crossing the border.</p> <p>Nevertheless, an asylum claim may be submitted at any point in time after an individual arrives in the country, even if he/she has already been in Brazil for some time. The request will be forwarded to the National Committee for Refugees (CONARE), a collegial body linked to the Ministry of Justice, which will review and deliberate over whether or not refugee status will be granted.</p> <p>UNHCR's implementing partners (CAM, CARJ, CASP and IMDH) might support the asylum seeker during the refugee status determination procedure.</p> <p>Step-by-Step of the Asylum Request:</p> <ol style="list-style-type: none">1. How to apply for asylum at the Federal Police: the applicant will fill an asylum application and undergo an interview. If the individual does not speak Portuguese, the interview will be conducted with an interpreter. The Federal Police will then forward his/her application and statement to CONARE.2. Temporary asylum seeker protocol: after receiving an individual's asylum application (in Portuguese, <i>Termo de Declaração</i>), CONARE will issue a declaration which authorizes the issuance of a temporary protocol (<i>Protocolo Provisório</i>) by the Federal Police. The protocol is extremely important as it will be the identification document of the asylum seeker until his case is reviewed. With the protocol in hand, asylum seekers can request a Brazilian Tax Number (<i>Cadastro de Pessoa Física - CPF</i>) and a temporary Work Permit (<i>Carteira de Trabalho</i>). The Protocol is valid for six months and must be renewed with the Federal Police until the applicant has a final answer.		<ol style="list-style-type: none">3. Interview with a CONARE's representative: After officially requesting asylum, the applicant will be contacted by CONARE or a civil society entity to arrange for him/her to be interviewed by an eligibility officer from CONARE. The content of this interview will guide CONARE on their analysis of the individual's asylum request. Therefore, if the applicant moves to another city, he/she must notify the Federal Police of their new address and contact details in advance so that they are able to reach them when required. <p>By assisting refugees to return to their home countries or to be resettled in a third country, UNHCR, jointly with the civil society implementing partners, the government and the private sector, seek lasting solutions to their plight</p> <ol style="list-style-type: none">4. CONARE's decision regarding the asylum request: <div><p>To find out the outcome of CONARE's decision regarding their asylum request, the asylum seeker must contact the Federal Police.</p></div> <ol style="list-style-type: none">4.1. In case of a positive decision: Once the notification from CONARE is collected by the asylum seeker, if the decision is positive, the Federal Police will begin procedures to issue his/her National Registration of Foreigners (<i>Registro Nacional de Estrangeiro - RNE</i>).4.2. In case of a negative decision: If his/her claim for recognition as a refugee is denied, the applicant may make an appeal of the decision to the Ministry of Justice. The appeal must be lodged within 15 days of the date he/she was notified of CONARE's decision.4.3. Appeal denied by the Ministry of Justice: The applicant will also be notified of the outcome of his/her appeal by the Federal Police. If the appeal is denied, the applicant will be subjected to national legislation concerning foreigners in the country (Law 6.815/80).			

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Figure 7 Rights and duties of asylum seekers in Brazil, UNHCR/ACNUR Handbook, 24–5.

examiners there. During the time in spent in Brazil, I had the opportunity to talk to many examiners and ended up developing a basic opening line. I would ask the examiners to imagine I was a migrant and explain the asylum procedure to me. The answer I learned to expect came in the format of a checklist. Examiners would list the steps in the procedure and then tell me about their involvement. As I assumed I had a good understanding of the procedure, I asked for this overview mainly as a conversation starter. The idea was to get examiners talking and make up more questions from what they said. But the answer I was given at *Cáritas* really surprised me.

[Mrs T]² Well, if you want the official checklist you can read this leaflet in your folder. We give it to asylum seekers when they first get here. It lists all the steps. The process starts at the police, then you come here to talk to us, and then the CONARE agent comes down and so forth and so on. Now, of course, you have to take this with a pinch of salt. Because officially the person only becomes an asylum seeker after formalizing the request at the Federal Police, but in practice what happens is that the process usually starts here. 'Cause, as you know, we now have a waiting time of about six months before the foreigner gets to do the affidavit at the police. And, of course, during this time this person will have been here already. He will have told us a bit of his story and so forth, and will already be talking to our social workers and getting some help. So although the process can only be considered official after the person has gone through the fingerprinting etc., here at *Cáritas* the person already is an asylum seeker long before that.

What struck me as unusual in Mrs T's way of describing the procedure was more the idea of asylum seekers having different practical realities than the contrast between 'the real world' versus 'in theory'. That a checklist does not represent the messiness of practice can hardly be news to those involved in the work. Even the most ivory-tower-entrenched expert would assume that the step-by-step transition is likely to be less smooth than this checklist would make it seem. Cases do not follow a standard trajectory. Examiners do not know when hearings will take place. In practice, the procedure is complicated, of course. Although this situation says a lot about the transparency of the determination procedure in Brazil, Mrs T's contrast between official description and the work in practice was one I had come to expect. Her talk of a foreigner having different realities in different practices, on the other hand, really gave me pause.

A person can only be said to be an asylum seeker after fingerprints have been collected and an affidavit has been written. In São Paulo, foreigners usually wait six months to have access to these procedures at the Federal Police. *But here at Cáritas, talking to our social workers, the person already is an asylum seeker long before that.* 'Here and there', '[n]ow and then.' The notion of the same foreigner oscillating in status disconcerted me. I had listened to the procedure being described as a checklist so many times that I came to assume a continuous

progression: from foreigner to asylum seeker and from asylum seeker to refugee or failed applicant. Listening to Mrs T speak of a foreigner's reality as something that changes from site to site was encouraging in that sense. It made me realise that the versions of the case enacted in different practices can hang together in ways that are much less coherent than the image of the status-to-status progression imbued in my checklist.

I got the image of different versions of the case *hanging together* from the Dutch philosopher Annemarie Mol. 'Ontological coordination' is the more formal term Mol (2002a: 53) uses to speak about this. Listening to the examiner in São Paulo taking issue with the checklist overview made me confident that studying determination practices as enactment would not be a lofty endeavour. But I doubt I would have taken these critiques so seriously if I had not been sensitised by Mol to think of reality as a local achievement. With Michel Callon (1986), Bruno Latour (1986; 1993; 1999; 2010) and John Law (Law 1987; 1994; 1997; 2004; Law and Urry 2004), among other authors, Mol is part of a small group of scholars in science studies who study knowledge practices with an eye to contingency and heterogeneity. I read Mol's *The Body Multiple* (2002a) early on in my research and her arguments on coordination stayed with me.

Mol is a philosopher who spent many years studying diagnostic practices in medicine. Like status determination, the practices she studies are supposed to assess a person's *fit* with a certain definition. Is this patient anaemic? Is this a patient suffering from atherosclerosis of the foot? Like status determination, Mol tells us that producing an answer to these questions takes a lot of work. Each area of the hospital has its own say. Each practice brings its own diagnostic standard, its own instruments and diagnostic techniques. In her terminology, Mol tells us that each of these practices enacts a particular reality of the disease. In practice, she says, a disease such as atherosclerosis is enacted in multiple ways. And Mol (2002a: 55) insists that if these multiple enactments can be treated as manifestations of a single condition, then this is the result of coordination. Singularity is not given by the order of things.

Mol's argument on coordination can be described as a study on the relation between different 'diagnostic apparatuses'. Think of a patient entering a hospital and going through a series of diagnostic practices. When this patient leaves hospital, her discharge letter reads that she has been diagnosed with atherosclerosis on her lower limb. Mol insists that each of the diagnostic practices this patient went through did more than examine the patient from a different perspective. Faithful to the enactment principles, Mol shows how each of these diagnostic practices allows for the emergence of a unique reality of the condition from which this patient is suffering. Sliced and put under the microscope in the haematology lab, for example, the reality of atherosclerosis is that of a thickened blood vessel. In the radiology department, the reality of atherosclerosis is

that of a shadowgraph. Strictly speaking, the atherosclerosis these two practices are enacting is not the same. And yet, in the patient chart and the discharge letter these multiple ways of enacting atherosclerosis are reduced to different manifestations of the same disease (Mol 2002a: 30).

This is the puzzle that interests Mol: this oscillation between multiplicity in practice and singularity in the way that doctors talk about and deal with the disease. Mol (1999) claims that what makes this oscillation possible is the work of ontological coordination. The performativity insight breaks with the idea that our reality is anterior to and independent of the practices that bring them about. The notion of coordination, in turn, breaks with the idea that the singularity of the objects we study is anterior to the practices in which that singularity emerges. A patient enters into a hospital with a complaint. She goes through a series of diagnostic practices. At the end of the day, she gets out of the hospital carrying a letter saying she suffers from atherosclerosis. What Mol is telling us is that this singular diagnosis is never given by the order of things. It is always brought about. Singularity is contingent. It needs to be enacted itself (Mol 2002b: 220).

The questions that practitioners try to answer are, of course, not identical in status determination and in medical decision-making. Whether the diagnostics emerging from different practices are consistent is not always relevant for the doctor's decision on how to treat the patient. As long as the two diagnostics ask for the same treatment, whether they are consistent or not is a secondary concern for the doctor. This makes medical decision-making different from status determination, in which the judgment of consistency is a central concern. Yet, although it is important not to downplay their particularities, the two decision-making processes also have more in common than one might assume. Like the work of diagnosing a disease, the work of determination status is complex. It involves myriad determination practices: from the collection of fingerprints to the ruling at the plenary meeting. Each of these practices puts together its own array of humans and things. Each relies on its own standards of what qualifies as a strong claim and its own techniques for producing information. As with the medical objects Mol studies, asylum cases are multiple in practice.

What Mol encourages us to do is to reconsider the relation between these multiple enactments beyond the linear progression that checklist-thinking leads us to expect. Just as different diagnostic practices are not complementary ways of bringing out the same underlying condition, different practices are not only steps in the assessment of the same underlying case. Determination practices do more than approach the same underlying case from different perspectives. They enact different realities for the case (Mol and Berg 1994: 259). And, following Mol's advice, I would suggest that, if these enactments somehow align and allow for a consensual decision, then this alignment needs to be accounted for.

At the Federal Police, a very specific array of officers, interpreters, and interview techniques allows for the emergence of the case as an affidavit. At the interview room in Cáritas, questions are posed in a tone that invites details, medical reports are added to a folder, and the case emerges as an extended transcript. We can look at these practices as boxes to be checked in the assessment of the case, or steps in the path towards the final decision. Or we can look at status determination with an enactment gaze. Beyond the wordplay, an enactment way of studying the relation between these practices entails the denaturalisation of the alignment between their outcomes. In an enactment approach, agreement between different enactments of the case emerging from different practices cannot be written off as a natural consequence of the presumed fact that different practices are exploring the same and singular case.

Lost on the way

To illustrate how attention to multiplicity and coordination destabilise the use of consistency as a decision criterion, let me move the narrative back to my field trip. After leaving São Paulo, I arranged meetings at Cáritas's sister agency in Brasília, the Human Rights and Migration Institute (IMDH in Portuguese). My suspicion of checklist overviews was strengthened by the stories I heard there. Whenever examiners mentioned strong and weak claims, I made a point of interrupting them and asking them to justify this contrast. How, I would ask, could they tell the difference? What was the standard they used? The notion of consistency came up often in the answers I got:

[Brief one] Mr X, Syrian, requesting asylum to escape generalised human rights violations. The asylum seeker's credibility has been satisfactorily established. The asylum seeker offered enough detail of events and showed calm, tranquility, and conviction when reporting his story. *His narrative has been consistent* across the affidavit prepared at the Federal Police and the asylum request questionnaire filled in at Cáritas. There are no reasons to doubt his motivations to ask for asylum. Ruling: positive. (my emphasis)

[Brief two] Mr E, Bangladeshi, requesting asylum to escape political persecution. The asylum seeker lacks credibility. The statements made by the asylum seeker in his asylum request questionnaire *are inconsistent* with the story reported at IMDH and the Federal Police. There are reasons to believe the asylum seeker omitted information about the events that led him to leave Bangladesh. During the interview, the asylum seeker seems to have been directed in his answers and oscillated in his description of events. There are reasons to suspect his credibility and to question his motivations to ask for refuge. Ruling: negative. (my emphasis)

The briefs above are excerpts of plenary rulings to which I had access during my time in Brasília. In Brief one, the case enacted at the Federal Police as an affidavit and the case enacted at Cáritas as a questionnaire are compared

and agree with each other. The versions of the case fit consistently. The claim's credibility is reinforced. In Brief two, the case as affidavit and the case as questionnaire are bridged again, but this time the two enactments do not cohere. The asylum seeker's credibility is put in question and the case comes across as weak. Described in terms of validity or correctness, the reference to consistency across practices often figured in the answers I received when I asked examiners about their criteria for telling strong from weak claims.

During my last day in Brasília, I interviewed a social worker, Mrs K, and asked her opinion about the use of consistency as an indicator of credibility. Her insistence on localising the applicant's status in terms of 'here and there' resonated with what I had heard in São Paulo. 'Of course,' Mrs K answered, 'if an asylum seeker tells a story at the police and another story here, then we will need to understand what is going on. But still, I have learned that there's just so much you can take from this'.

[Mrs K] Like in this case I got involved with a few months ago: a young boy, Mr E, from Bangladesh [whose case was put forward for denial]. He got here with a group of six other men. They entered Brazil through Bolivia and asked for asylum when they got here. They did the interview at the police and all made some very vague comments ... about the economic situation in Bangladesh and so on. All very general, you see? And when our lawyer interviewed them, they said pretty much the same thing. They said they had come to Brazil because they needed to work ... because their country was very poor. So you see? When you ask what happened and the person keeps saying, like 'oh, I didn't have a job, I am poor, etc.,' we try to help, but it is very likely that the request will be dismissed.

And, indeed: GEP did a recommendation, saying that it saw no well-founded fear; that it looked like economic migration and so on. Luckily, we work with eligibility but we work with migrants as well. We give aid to migrants in other dimensions: the social, the physical, the psychological. If the migrant has a health problem or needs pocket money he can come here and we try to help. And that is what happened with this boy. This boy came back here after his process, telling us that he needed money and that he needed a job.

So we booked him an appointment with our social worker to assess his needs. And again, at first he pretty much repeated what he had said at the hearing. Just this time we went on asking for other things. He ended-up explaining that he wanted a job because he needed to send money to his wife and his children, who were starving in Bangladesh. We asked how come and he told us, 'Oh, it is because they have been expelled from our house.' When we asked why he said, 'Oh, it is because my house has been burned down.' And we asked what happened and he said, 'Oh, it's because my enemies burned down the house.' 'But which enemies?' ... [A]nd he kept going ... and we let him speak ... 'Oh, it was this and that.' And it so happens that, though his case wasn't about politics, it qualified as religious persecution.

In Mrs K's story, a young Bangladeshi arrives at the IMDH office and fills out a questionnaire. A police officer asks questions and prints an affidavit. IMDH lawyers and CONARE officers ask more questions and write their legal views. At

GEP and the plenary meeting, the multiple versions of the case that emerge in these practices are actively bridged. Questionnaires and affidavits are read side by side. Legal recommendations are compared. How consistent they are when contrasted to each other is a central concern. At the end of the day, as Mrs K puts it, everything points to migration. The fact Mr E's claim was put forward for denial, one might think, illustrates a fault in the procedure. But far more is happening, I think.

[Mrs K] But you see? During the eligibility process he didn't mention any of this. Not to the police nor to the CONARE officer nor to our lawyer here. So everything pointed to migration. He spoke very little English and no Portuguese at all. He came along with these other guys from Bangladesh and repeated the same story they told. He pretty much repeated the same discourse we are used to getting from migrants. Only later, when a social worker did the social interview, *with a different logic*, he ended up revealing these details. So we rushed back to CONARE, saying that the case was not what it looked like. That it was much more complex; that we had new elements and so forth (my emphasis).

What Mrs K's story shows should not be dismissed as a fault in the procedure. Quite the opposite, in fact; judging by Mrs K's recollection, the procedure seems to have progressed smoothly, in the almost seamless progression from step to step that we are led to expect by the government's leaflet. The versions of Mr E's case enacted at the Federal Police and at Cáritas cohered. All practices encouraged the same conclusion on whether this young Bangladeshi was an economic migrant or a refugee. They 'pointed in the same direction'. Given this consistency across practices, denial was the decision plenary members had been steered towards. That this young man was not a refugee *was a fact*, I want to say, considering how the possible versions of the case had been arranged. There was consistency across practices, indeed. But this was not because all practices were looking at the same underlying case. Instead, consistency was achieved at the price of keeping the alternative enactment of the case that emerged from the social interview out of sight. Much more relevant than evidence of a fault in the system, this story points to the sort of ontological coordination that Mol tells us about.

Living with inconsistency

In Mrs K's story, Mr E arrives at IMDH and claims fearing political persecution. His case goes through a number of determination practices that are supposed to tell whether this claim is credible enough and fits the refugee definition. In Mol's stories, a patient enters a hospital and claims to experience pain when walking. Her case goes through a series of diagnostic practices, which are supposed to tell whether her condition fits the medical definition of atherosclerosis. Mol (2002a: 66) insists that, by tying together a range of heterogeneous

ingredients in a particular way, each of these practices enacts a unique version of the condition from which this patient is said to be suffering. What puzzles Mol (2002a: 56) is how the versions of the patient's condition that emerge in these different practices can be drawn together as 'instances' of the same and single condition and described using a single name. While looking at the practices that make this possible, Mol ends up contrasting two general variants of coordination: a first, in which consistency between different enactments of a patient's case is strived for, and a second, in which inconsistency between enactments is simply lived with.

What is particular about forms of coordination that strive for consistency is that different enactments of the patient's condition are openly bridged. Different ways of enacting the condition are put side by side and compared. Doctors create common standards so they can choose among these enactments (Mol 2002b: 233). If these enactments do not map up to each other, these standards are used to decide what enactment will inform the diagnostic. When two ways of enacting the diagnosis are openly bridged and do not align, one of the diagnostic apparatuses wins the day. Sticking to one enactment and ditching the other is one of the forms in which multiple enactments of a patient's condition can relate when there is disagreement and consistency is strived for.

But here is the thing, Mol (2002a: 66) tells us: consistency is not always strived for. We might end up with a consensual diagnostic saying that this patient is atherosclerotic. That does not mean that all diagnostic practices concurred. Nor does it mean that potential mismatches between the versions of the case emerging from different practices have been actively considered and dealt with. Singularity in the diagnostic is not synonymous with consistency. Alternative ways of enacting the condition might remain in tension, even though this tension does not always come to the fore (Mol and Berg 1994: 259).

Mol (2002a: 102) gives an example of two ways of enacting atherosclerosis that relate in an inconsistent fashion without this inconsistency resulting in open controversy: the first is the enactment of the patient's condition we come across in the practice of vascular surgery. The second is the enactment of the patient's condition that emerges during the practice of internal medicine. Mol notes that, in these two settings, atherosclerosis is enacted as a problem with different temporalities. The doctor involved with vascular surgery approaches atherosclerosis as a present condition. The vascular surgeon is not so concerned with the process that led the patient to develop atherosclerosis. To the vascular surgery, an egg and bacon breakfast is one that patients might be happy to eat after their veins have been unclogged. For the internist, on the other hand, identifying what caused atherosclerosis is a main concern: the fact that the patient eats egg and bacon for breakfast is what needs to be avoided if the patient is not to develop these clogged veins again (Mol 2002a: 103).

Mol (2002a: 104) notes that there is a lot of potential tension between these two practices. She says that, in theory, the clash between these two ways of enacting the condition is ‘full-blown’. For the internist, vascular surgery is a palliative: the fact that vascular surgeons pose as saving lives is close to hypocrisy. Vascular surgery does not address life-threatening habits by dealing only with the clogged vein instead of attacking the cause of the condition. And yet, Mol (2002a: 104) tells us, although all the necessary ingredients for a full-blown clash are in place, controversy does not happen. The two ways of enacting atherosclerosis do not match up to each other; but this inconsistency is lived with. The inconsistency is there, but the controversy remains potential.

To illustrate how this sort of cold inconsistency is possible, Mol (2002a: 104) comments on a conversation she had with an internist. This internist explains that, when a patient is diagnosed with clogged arteries, the doctors’ main concern is whether the patient is at risk of suffering a heart attack or contracting gangrene. So, the patient who gets to the hospital is immediately referred to the vascular surgeon. What brought the patient to develop the condition is treated as a secondary concern. This, Mol argues, is a key aspect of how two enactments that are incompatible can nevertheless co-exist:

Here, atherosclerosis is enacted as a present condition, there, as a process that has a history. Tensions between these ways to enact the reality of the disease are articulated. But it doesn’t come to a full-blown fight. Instead, the differences between the condition atherosclerosis and the atherosclerotic process are distributed. (Mol 2002a: 104)

The enactment of atherosclerosis as encroached vessels (present condition/vascular surgeon) and its enactment as vessel encroachment (process-like/internal medicine) are potentially incompatible: favouring one comes at the expense of the other. But this potential incompatibility does not flare up in open mismatch. This, Mol (2002a: 108) tells us, is due to the very practical issue of distribution: these two ways of enacting the patient’s condition are distributed in such a way that the practice that gives rise to the first enactment is part of the standard diagnostic path, while the practice that gives rise to the other is circumvented.

Modes of coordination that strive and do not strive for consistency are different in this respect. If openly bridged, alternative ways of enacting the diagnosis can prove inconsistent. But these incompatible enactments are not necessarily bridged. They can be kept apart somehow. They can be displaced, so that their inconsistency might remain potential and does not lead to open disagreement. What we have, when this happens, is inconsistent singularity.

In Mr E’s case, if actively bridged, the version of the case being enacted at the interview with the social worker and the version of the case being enacted at the Federal Police would clash. Had Mr E not gone back to IMDH, these two

ways of enacting his case – as an economic migrant pretending to be a refugee or as a refugee fleeing religious persecution – would not be allowed to meet. Their potential for conflict would not have come to the fore.

For me, that is one of the most important aspects of Mol's argument on coordination: her insistence that singularity can be achieved without open bridging. Compare how different medical diagnostics relate and the way different determination practices are arranged. In the hospital, different diagnostic practices took place. There was no open disagreement between those practices that were openly bridged. The diagnosis of the condition encouraged by those practices that were compared all encouraged the same diagnosis. And doctors ended up with a consensual diagnosis at the end. Yet, Mol warns us that this singularity in the diagnostic does not allow us to exclude the possibility that there were possible alternative ways of enacting the condition that did not agree and that were simply kept out of the comparison. She reminds us of the alternative enactments that did not have a chance to make themselves present – enactments that were kept out of our field of vision or enactments that were Othered, so to speak. This sort of inconsistent coordination, I want to say, is what Mrs K's story points to. If there is no open disagreement between practices as concerns Mr E's status, we may assume that the lack of disagreement exists because all practices were exploring the same underlying case and managed to assess it properly. But no, Mol (2002a) insists: singularity takes continuous work. Enacting singularity takes ontological coordination: it involves arranging determination practices in a manner that somehow displaces alternative case enactments.

In Mr E's case, this coordination work takes the form of asking questions with an *eligibility logic* and arranging hearings in such an order that the case enacted at the social work interview gets lost on the way. Beyond Mr E's case, we see potential for this in the way the marshal asks question after question and translates 'demanded' as 'requested' while writing down Mr G's affidavit or the way the UNHCR officer highlights some aspects of the human rights report and downplays others. These are examples of contingent details in the determination practices that contribute to steer alternative enactment out of sight. Rather than underlying singularity, it is thanks to small practical arrangements like these that differences can be coordinated during determination procedures, defining what enactment of a case gets to guide CONARE.

Checklist overviews as discursive devices

In this section, I rely on Mol's insights on difference and coordination to express what I find problematic about checklist overviews. In 1994, Mol published an article with Dutch ethnographer Marc Berg under the title *Principles and Practices of Medicine*. This contrast between principle and practice is central to the textbook image of how the work of diagnosing and treating patients is

organised. If we open a medical book and look at the principles part, we find chapters covering, for example, genetic and immunological sources of disease. If we check the practice part, in turn, we find sections with titles such as diagnostic techniques and care. Medical principles give the foundations on which medical practice stands. Practices are the things that doctors do in their day-to-day work. Mol and Berg tells us that, as the discourse goes, it is in the passage from principle to practice that doctors sometimes lose their way. While in a perfect world the medical practice should 'rest upon the foundations of principles', in the imperfect reality we live in, 'extra-scientific factors such as insecurity, pressure, emotions, scarcity, time-constraints, lead it to depart from the ideal' (Mol and Berg 1994: 247).

What Mol and Berg find particularly relevant about this principles-and-practices narrative is its rhetorical effect. Medicine is full of diversity, they say. Even a relatively banal condition like anaemia is prone to different definitions, each with their own diagnostic standards and practices (Mol and Berg 1994: 250). Mol and Berg are puzzled by the fact that, when the diagnostics emerging from two of these assemblages of definition, standards, and practices do not match, this discrepancy between 'diagnostic apparatuses' does not necessarily translate into a clash between their defendants. Two ways of diagnosing and treating anaemia might be incompatible, both in terms of the standards of normality they use and the diagnostic devices they demand. Even so, Mol and Berg (1994: 250) say, it is very common in medicine that doctors will continue to use both treatments as complementary, without this causing the sort of open clash that might be expected if we take consistency as a necessary aim.

To make sense of this situation, Mol and Berg (1994: 250) suggest that, on top of the practical arrangements that keep alternative arrangements distributed, this sort of cold inconsistency is facilitated by a 'principle-and-practice rhetoric'. When two ways of diagnosing anaemia lead to discrepant diagnostics, doctors can make sense of the discrepancy in terms of an assessment being ideal (belonging to the sphere of principles) but unpractical. 'Here, at the clinic, the laboratorial way of diagnosing anaemia would give more certainty but would be too costly or too fussy,' one could say. That is a powerful way of justifying the use of a diagnostic logic without having to take a stand on the overall pertinence of the other approach. A principle-and-practice rhetoric works thus like a sort of pacifying discourse. It makes it possible for discrepant diagnostics to co-exist in tension without this discrepancy coming to anyone's attention (Mol and Berg 1994: 258).

The checklist way of describing the relation between determination practices holds, I believe, a similar effect. When there is inconsistency, we might take it for granted that we need to strive for consistency. In turn, when we take consistency as a necessary goal, we might end up expecting controversy between those case enactments emerging from different practices. My point is that, like

the practice-and-principles rhetoric, the way of talking about different determination practices as if they were steps in a checklist also works as a pacifying discourse.

As alluring as it sounds, when it comes to judging the consistency of asylum requests, this pacifying potential is not necessarily a good thing, however. Checklist portraits leads us to expect consistency in the way cases come to the fore in different determination practices. When that consistency is achieved, we do not take into consideration the possibility that alternative ways of enacting the case might have fallen out of sight. By pacifying potential tensions between alternative enactments, checklist talk facilitates the Othering of alternative enactments.

In Mrs K's story, the interviews with the Federal Police and the eligibility lawyer at IMDH were consistent. They encouraged the conclusion that this young Bangladeshi's claim for refugee reality was weak. At a different interview, however, done with a *different logic*, the social worker gives more emphasis to the process-like sources of the claim. The questions asked and the way the interview was conducted were not the same. The version of the case emerging from these practices did not match the others. Plenary members would therefore be steered towards opposing assessments depending on which experimental apparatus was used to make each assessment.

Judging the version of the case enacted during practices one and two, plenary members were steered to conclude that this Bangladeshi was not a refugee. If they were to judge the version of the case as enacted at practice three, then this young Bangladeshi's claim for refugee reality would likely come across stronger. And yet, the inconsistency between these alternative ways of enacting the case would probably remain hidden, were it not for the unexpected interview that, conducted with a different logic, allowed for other elements to come up.

To paraphrase Mol, all the ingredients for a full-blown controversy were in place in Mr E's case. And yet, were it not for the unexpected interview, the alternative enactment of this case would have been lost. The controversy would not have become overt. This mismatch between alternative ways of enacting Mr E's case would have remained cold. It is in such a context that the critiques of check-box overviews I heard in São Paulo and this Bangladeshi's story resonate. This Othering, I suggest, is facilitated by check-box overviews. By encouraging us to think of social care as belonging to a different dimension of refugee protection and to think of status determination in terms of steps in the assessment of the underlying same and singular case, checkbox overviews make this sort of practical displacement harder to grasp, foreclosing the drive to consider whether alternative ways of enacting the case have been Othered along the way.

Mol's terminology thus helps to make sense of what I find problematic about check-box overviews. The notion of enactment encourages us to treat each

practice as enacting a unique reality for the case. These check-box descriptions, however, still work under an assumption of singularity. They take as a given that different practices are ways of collecting information and producing a decision about the same and single case. Check-box overviews thus reinforce an assumption of singularity that gives consistency across practice such a relevant role. It naturalises the assumption that, if all practices are dealing with the same case, they should arrive at the same conclusion.

We gain something when we leave this sort of checklist talk aside: we get to notice the ontological coordination happening in the space between singularity and open controversy. We get to see how details as small as the order in which hearings are arranged, questions are asked, and evidence is organised might affect the outcome of asylum requests. We become more aware of how these small, practical arrangements end up making the difference between the asylum seeker emerging as a bogus applicant or as a refugee.

Conclusion: performing inconsistency, steering decisions

The procedural handbook cited at the start of the chapter states that if applicants actually experienced the events they recount, and are being honest in their statements, then they should be able to recall these events and relate facts consistently. In this chapter I took issue with the assumption that common assent occurs *because they all looked at the same case free from bias and thus, as expected, got to the same assessment*.

To develop my argument, I extended the same logic to the justifications examiners give for denial and considered whether the logic holds. Suppose examiners all agree that Mr E's case is weak. Their assessment of the request is completely consistent, in the sense that all examiners involved in all steps of the determination work came to the same conclusion that Mr E is most likely an economic migrant instead of a refugee. Does this absolute consistency give reasonable basis for the denial of Mr E's request?

The argument I put forward in this chapter is that the fact that a case is consistently assessed as weak across different determination practices gives no basis for denying the request. This applies not only when there are small inconsistencies that might be shown to be false in the long run, but also when all practices agree that the case is weak. To speak of ontological coordination is to keep in mind that each determination practice ties together a range of heterogeneous phenomena in a very specific way. It is to acknowledge that the answer to whether the request is strong and the adoption of a particular apparatus to make this appraisal are simultaneous social processes.

Extended to how we conceive of the relation between determination practices, this approach problematises the assumption of singularity embedded in checklist overviews. Attention to ontological coordination encourages those

concerned with the work of status determination to be cautious about how we conceive the relation between different determination practices, for talk of status determination as a sequence of steps has political significance. To describe the relation between different determination practices as a list of steps works as discursive device: it enhances the aura of objectivity around negative rulings. This checklist way of thinking about status determination encourages us to expect consistency in the way the case should come to the fore. When that consistency is achieved, we do not take into consideration the possibility that alternative ways of enacting the case might have been Othered. By reinforcing the assumption that different practices are assessing the same underlying case, this sort of step-talk contributes to hide the practical arrangements that keep alternative ways of enacting asylum claims out of sight.

During status determination, an asylum case moves through a rich range of practices: the request at Cáritas, the formalisation of the case at the Federal Police, an interview with a lawyer, a hearing with a CONARE officer, a chat with a social worker, group debates among examiners in GEP, or a deliberation at a plenary meeting. In an enactment approach, these practices are not boxes to be checked or steps in the path towards a decision. They are not complementary tasks in the work of collecting information about a same and single case. As we get to appreciate if we look at status determination through enactment lenses, the way practices are arranged does more than disclose the strength of the case. It allows for the emergence *as a fact* the conclusion that the asylum seeker is not a refugee.

NOTES

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- 2 I use pseudonyms and initials to protect my interviewees and asylum seekers.

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