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Gendered and racialized violence at global borders: humanitarian bureaucracies within the necropolitical governance of migration

Nina Sahraoui

GENDER IN MIGRATION AND BORDER STUDIES

The interdisciplinary field of migration studies has developed, for about four decades, an ever-growing interest in gendered perspectives on migration. By now, handbooks on migration usually include several chapters that centre-stage a gendered analysis (Fiddian-Qasmiyeh et al., 2014; Triandafyllidou, 2016; Inglis and Khadria, 2019; Gold and Nawyn, 2019; Ribas-Mateos and Dunn, 2021). Since the early 2010s several handbooks and reference works have been published focusing explicitly on the migration–gender nexus (Oso and Ribas-Mateos, 2013; Mora and Piper, 2021; Ribas-Mateos and Sassen, 2022). Importantly, this body of research foregrounds migrant women’s agency beyond depictions of women as passive followers or victims (Kofman and Raghuram, 2022) and takes up earlier calls to address questions of masculinity and sexuality in migration (Fiddian-Qasmiyeh, 2014). However, for what concerns us here, these volumes give limited attention to borders, and notably border sites per se, in terms of gendered analyses of migration control at geopolitical and physical borders.

In comparison, the field of border studies, historically anchored in international relations and political science, has been less concerned with gender as social processes and relations of power. Most border studies handbooks of the past decade do not include chapters that revolve around gendered analyses (Wastl-Walter, 2011; Wilson and Donnan, 2012; Wastl-Walter, 2016; Bissonnette and Vallet, 2020; Scott, 2020). And yet, it is important to note that feminist analyses of borders, elaborated in particular by critical geographers, sociologists and criminologists, have decisively advanced our understanding of the multi-scalar production of gendered and racialized forms of violence at borders (see, for instance, Mountz, 2011; Pickering and Cochrane, 2013; Hyndman, 2019; Gilmartin and Kuusisto-Arponen, 2019), foregrounding notably a conceptualization of this harm and violence as a continuum (Pickering, 2011; Phillimore, 2022; Sahraoui and Freedman, 2022).

Broadly speaking, border studies have established the centrality of studying borders in order to understand the workings of the state and of supra-national formations such as the European Union (EU) and Europe (De Genova, 2017). Approaching borders as spaces revealing the logics of the circulation of capital and labour on a global level (Ribas-Mateos, 2016), the field has produced many rich conceptualizations of borders beyond border sites. On the one hand, one finds major theoretical contributions around internal borders, for instance, on differential inclusion (Mezzadra and Neilson, 2012) and ‘everyday bordering’ (Yuval-Davis et al., 2018). On the other hand, a growing strand of the literature looks into the externalization of migration governance (Casas-Cortes, Cobarrubias and Pickles 2015; Cobarrubias, 2020) and related concepts such as ‘rebordering’ (Mountz and Hiemstra, 2012). These different sets of

theorizations criss-cross one another through notions such as ‘borderization’ (Cuttitta, 2014), internal externalization (Heller and Pezzani, 2016; Barbero and Donadio, 2019; Sahraoui, 2023a), and ‘borderscape’ that depicts borders as sites of struggle (Brambilla and Jones, 2020). While I focus here on the ‘humanitarian border’, these contributions to broader geographies of bordering also inform my understanding of the complexities of borders as dynamic processes.

Violent Humanitarian Borders: Biopolitics, Necropolitics and Humanitarianism

Our first task here is to explain why the notion of violent humanitarian borders is no oxymoron. While the violent, and sometimes lethal, implications of the contemporary management of global borders can be observed in the news every day, humanitarian activities tend to be portrayed as the opposite side of policing borders, with the simultaneous deployment of both at border sites seen as a ‘contradiction’ (Ribas-Mateos and Dunn, 2021). The notions of biopolitics and necropolitics can help in unpacking why and how these apparently opposed sides of migration control are entangled. According to Michel Foucault, the concept of biopolitics corresponds to sovereign power over life. Foucault writes: ‘What I mean is the acquisition of power over man insofar as man is a living being, that the biological came under State control, that there was at least a certain tendency that leads to what might be termed State control of the biological’ (Foucault, 1976/2003, 239–240). The notion of biopolitical government thus supposes the state’s power to support life, but also consequently its power to decide whose lives matter. Foucault continues: ‘I think that one of the greatest transformations political right underwent in the nineteenth century was precisely that, I wouldn’t say exactly that sovereignty’s old right—to take life or let live—was replaced, but it came to be complemented by a new right which does not erase the old right but which does penetrate it, permeate it. [...] It is the power to “make” live and “let” die’ (Foucault, 1976/2003, 241).

Centre-staging racialization processes that affect underprivileged and racialized migrant persons is essential to understanding the ambiguity of humanitarian borders. Foucault did identify racism as the main rationale that brings power to abandon the commitment to “make live” that biopolitics suppose: ‘Once the State functions in the biopower mode, racism alone can justify the murderous function of the State’ (Foucault, 1976/2003, 256). Here, ‘killing’ can also mean political death, expulsion and rejection. However, there is a need to move beyond the Foucauldian approach in order to emphasize that racism not only constitutes a rupture within biopolitical rationality, whereby the biopolitical intention to ‘make live’ can be replaced by the politics of ‘letting die’, but racism is also constitutive of biopolitical power. As Howell and Richter-Montpetit (2019, 5) explain, ‘Foucault neglected the constitutive role of (settler) colonialism in the production of modernity, as well as the fundamental role of the Black or Savage Other in the ontological consolidation of Man or “the human” necessary for biopower.’

In parallel with the concept of biopolitics, the notion of necropolitics (Mbembe, 2019) allows us to grasp the way in which a sovereign power can shape the conditions for death by failing to ‘make live’. Achille Mbembe defines ‘necropolitics or necropower’ as ‘the various ways in which, in our contemporary world, weapons are deployed in the interest of maximally destroying persons and creating *death-worlds*, that is, new and unique forms of social existence in which vast populations are subjected to living conditions that confer upon them the status of the *living dead*’ (2019, 92, emphasis in the original). Necropolitics characterizes a sovereign power that divides people into those to be kept alive and those who may be exposed

to death, and racialization is central in the exercise of this necropower: only bodies marked as ‘other’ can be exposed to death, as a more or less direct consequence of the actions of sovereign power. The notion of necropolitics is thus not the opposite of biopolitics; rather, it enables us to grasp the way in which a sovereign power can shape the conditions of death under the guise of biopolitical governance.

Biopolitical government has led contemporary liberal states to instil in their bureaucracies humanitarian arrangements in the way they govern ‘Others’ and notably racialized non-citizens. Indeed, as undocumented migrants have little or no rights, actions to ‘make live’ fall within the realm of assistance and charity in the shape of humanitarianism. Humanitarianism, therefore, represents a form of biopolitics applied to the racialized Other perceived as located outside the liberal state. Humanitarian borders as a liberal paradox are thus operationalized through humanitarian bureaucracies that display a biopolitical façade yet fail to ‘make live’. In this regard, critical scholarship on humanitarianism has examined the growing prevalence of the ‘humanitarian reason’ in shaping contemporary politics of morality (Fassin, 2012) and the centrality of humanitarianism in the liberal order (Reid-Henry, 2014). Humanitarian interventions claim to protect a universal humanity but produce a ‘minimal and acontextual vision of life’ (Ticktin, 2006), in fact a ‘minimalist biopolitics’ (Redfield, 2005). There is thus a need to historicize ‘humanitarianized border control’ (Lemberg-Pedersen, 2019) in order to understand how ‘humanitarian borderwork enables the continuation of borders and is a way for whiteness to act and (re)produce itself in the world’ (Pallister-Wilkins, 2022, 184). The humanitarian border sustains the pretense of a post-racial world order while global borders, notably those between the global North and the global South,¹ continue to enact racist hierarchies of rights.

In relation to migrant persons and refugees, scholars have identified various forms of humanitarian governance, often unpacking its political economy or foregrounding the intertwinement of humanitarian activities with migration control. Within the first category, ‘resiliency humanitarianism’ captures, for instance, how the neoliberal government of refugee camps, by turning refugees into entrepreneurs, in fact disempowers the refugee population by prioritizing individual resilience over systemic change (Ilcan and Rygiel, 2015). Also situating humanitarianism within neoliberal capitalism, Martina Tazzioli (2022) coined the term ‘extractive humanitarianism’ to account for the role played by the extraction of data and knowledge within refugee governmentality. Amidst these varied conceptualizations of humanitarianism, some have centre-staged the care/control nexus (Agier, 2011), such as the notion of military-humanitarianism that aims at describing ‘the deployment of military forces for performing humanitarian tasks’ as well as ‘the militarization of humanitarian work’ (Garelli and Tazzioli, 2019).

This brings us to the workings of humanitarianism at global borders. William Walters described ‘the birth of the humanitarian border’ as a combination of ‘strategies and technologies of control’ and ‘practices of pastoral care, aid and assistance’ (2011, 155). This ‘humanitarian borderwork’ (Pallister-Wilkins, 2017) entails a variety of actors associated with both care and control. On the one hand, a growing number of humanitarian NGOs are

¹ Though inadequately homogenizing and deeply anchored in colonial understandings of a ‘developed’ vs a ‘developing’ world, global North and global South categories, when approached from a decolonial perspective, are heuristically useful to capture, precisely, enduring postcolonial hierarchies within global contemporary migration management.

providing assistance to migrant persons at borders (Perkowski, 2016). On the other hand, most global Northern countries have increasingly adopted a humanitarian rhetoric leading to the co-optation of the human rights discourse (Vaughan-Williams, 2015) and the emergence of a performative ‘policing-humanitarian nexus’ (Albahari, 2015, 37), also referred to as a humanitarian-security nexus (Andersson, 2014). The care dimension of the humanitarian border is thus implemented by border agencies themselves as well as by a rapidly changing landscape of humanitarian organizations (Grotti et al., 2019). Several studies have traced how humanitarian framings play out in the practices of the border police at European borders (Pallister-Wilkins, 2015), as well as in the United States (Williams, 2015) and Turkey (Isleyen, 2018). Importantly, humanitarian work at the border is not only set against the background of military and police control but constitutes a consequence of this very militarization: the more border crossings become a matter of life and death, the larger the space for humanitarian intervention (Albahari, 2006; Walters, 2011).

A GENDERED APPROACH TO THE HUMANITARIAN BORDER

I now turn to why and how the humanitarian border produces gendered forms of violence. While men and boys, as well as non-binary individuals, are also confronted with specific patterns of violence, I focus here on the experiences of women at global borders. An increasing number of studies have explored the gendered violence that characterizes the ever-longer duration of irregularized migration journeys in the context of a continuous militarization of borders, including systematic exposure to sexual violence (Freedman, 2016; Kastner, 2021; Tyszler, 2021), heightened risks of death (Pickering and Cochrane, 2013), and institutionalized practices of reproductive injustice such as family separations (Hinojosa Hernández, 2019). Postcolonial and intersectional approaches to violence against women at borders seek to go beyond the individualization of gendered violence in order to shed light on its structural dimensions (Freedman et al., 2023), for instance by unpacking how repressive border control creates conditions prone to trafficking (Palmary, 2021). Narrowing our focus to the workings of the humanitarian border, this section explores how the biopolitical paradigm exposes women’s bodies to greater humanitarian intervention, and thus to specific forms of mobility control. I argue in this section that, at the border, these humanitarian activities, notably medical care, become subsumed under the logics of migration control and its necropolitical implications.

In fact, the ‘gendered human of humanitarianism’ (Ticktin, 2011) makes for a perfect site of intervention, framed as an individual victim in need of special biopolitical attention. Miriam Ticktin (2011) showed how the attempts by Doctors Without Borders to address gender-based violence had only been possible by depoliticizing the issue and relying on a medicalized version of such violence, disarticulated from its social determinants and inscription in patriarchal power relations. As for humanitarianism overall, attention to bodies rather than persons is deeply entangled with a politics of vulnerability and deservingness (Chauvin and Garcés-Mascareñas, 2014; Sözer, 2020). Women tend to be perceived as deserving of humanitarian aid only if portrayed as unknowing subjects and passive followers (Pickering, 2014). Racialized pregnant women are in this regard ambiguously positioned within the moral landscape of deservingness: deemed deserving of healthcare access due to their biological circumstances, they are simultaneously framed as a migration threat owing to a racialized

stigmatization of their reproductive lives (Sahraoui and Malakasis, 2020; Sahraoui, 2021b). Against this background, humanitarian interventions at global borders attending to migrant women as vulnerable subjects are inscribed in intersecting inequalities that facilitate the exercise of power over migrant women's lives and mobility (Sahraoui, 2020; Tyszler, 2021).

To be more specific, in a case study of medical humanitarianism within an accommodation centre for migrant persons in the Southern Spanish enclave of Melilla, I identified several ways in which the care function of the humanitarian border produced gendered constraints, notably for migrant women (Sahraoui, 2020). First, nurses had to convince even the most sceptical migrant patients to agree to a series of medical examinations to be registered in the centre, a mandatory step for being authorized in the future to leave the centre, revealing the risk of coerced care within the biopolitical governance of the border. Second, the immobilization of women in the name of care, notably when pregnant or after giving birth, highlighted the scope of women's exposure to the ambiguities of the care/control nexus. Women were indeed subjected to greater levels of intervention owing to perceptions of women's greater vulnerability and limited agency, which intensified the authority vested in healthcare professionals over women's mobility. The humanitarian claim of biopolitical responsibility for migrant women and their unborn children appeared to rely on gendered and racialized accounts of migrant women's lesser capability to decide how to care for their babies, with the mobilization of the figures of the irresponsible mother and undeserving migrant, while healthcare professionals had to decide whether a woman could leave the enclave or whether she had to stay 'for her own sake'. At global borders, contemporary humanitarian activities assume a Northern/White mode of intervention to engage with racialized Others (Sahraoui, 2021a), and, in what concerns migrant women, it is also a mode reminiscent of colonial maternalism (Sahraoui and Tyszler, 2021).

UNPACKING THE WORKINGS OF NECROPOLITICS THROUGH THE 'HUMANITARIAN BUREAUCRACY'

In this section, I present the notion of 'humanitarian bureaucracy' to critically examine how, despite the supposedly biopolitical paradigm of the humanitarian border that entails caring for suffering bodies, contemporary migration governance at global borders is inherently necropolitical. This necropower (Mbembe, 2019) manifests itself in gendered ways. Several critical migration scholars have highlighted that at European and US borders, the 'permanent wounding of individuals' is used as a means of control (Isakjee and Dhesi, 2017; Squire, 2017). Some have further shed light on the colonial roots of the racism underpinning contemporary border politics (Davies and Isakjee, 2019). Here I draw on two additional border case studies—one conducted in the French overseas department of Mayotte, the other in the Spanish enclave of Ceuta (Sahraoui, 2022)—to further show how migration control is intertwined with medical humanitarianism and healthcare services in the borderlands. Here too, the specific position of pregnant migrant women in these spaces allows me to explore the role of care within migration control at global borders.

In Mayotte, the humanitarian provision in question consists of bringing pregnant women arrested at sea by the border police to a hospital midwife for a brief consultation to determine whether their health situation is compatible with administrative detention for the purpose of their ensuing deportation to the Comoros. Midwives thus come to play a decisive role within

the deportation machinery in that they are the ones to decide whether the arrested pregnant woman is allowed to stay in Mayotte or whether she is to be placed in detention, from where she will be deported in less than 24 hours (La Cimade, 2019). Hospital archives indicate that in the mid-2010s about half of those seen by a midwife were sent to detention. Several of the interviewed healthcare professionals emphasized a sense of discomfort about their involvement in these processes. In this regard, the paperwork of this humanitarian bureaucracy might have provided a sense of normality. The midwives' decisions were internally recorded on a one-pager mentioning the identity of the patient, basic medical history in terms of reproductive health, clinical information from the consultation, and their decision. A simpler form, entitled 'medical certificate', served to register whether the health of the patient was deemed compatible or not with administrative detention. The form stated the name of the midwife, the name of the patient, and the date, and gave the midwife two options, either 'compatible' or 'incompatible', presented as boxes to be ticked. This interinstitutional bureaucracy facilitated an allegedly biopolitical management of these women's mobility that, however, resulted in the deportation of over half of the pregnant women and their subsequent exposure to the lethal risks of unauthorized crossings. Undocumented pregnant women at this border were thus only legible to sovereign power in their capacity as subjects to be deported. Once on the boat sailing back to the Comoros, they no longer existed in the eyes of the state administration and had lost their quality as biopolitical subjects.

Moving now to a case study conducted at another European border—the border city of Ceuta in Spain, in close proximity to Morocco—I uncover further certain constant logics within the ambiguous role of border humanitarianism. In Ceuta, where undocumented women of Moroccan origin are suspected of not residing in the enclave given the widespread assumption that they have 'just' crossed the border, only emergency care is available to pregnant women. Yet, the hospital administration shares patient data with the police as part of a collaboration that combines the objective of collecting bills with the purpose of migration control. Healthcare professionals and administrative officers thus participate in a repressive management of the border that has consequences in terms of access to healthcare for pregnant women. These barriers also jeopardize migrant women's chances for regularization. A common situation in this borderland is illustrated by the experiences of a young woman living in Ceuta as an undocumented migrant who could not access healthcare services throughout her pregnancy, even though she was married to a man with a Spanish residency permit. She received a 3,000-euro invoice after she gave birth in the local hospital, as being in labour qualifies as an emergency, and it was made clear to her that she had to pay this invoice before being able to apply for a residency permit. In other words, the payment of healthcare invoices conditioned her ability to apply for regularization. The instrumentalization of healthcare costs within regularization procedures through institutionalized patterns of bureaucratic data-sharing illustrates how basic social services can become weaponized for migration control.

The three case studies presented here, although rooted in significantly different border contexts for Melilla and Ceuta, on the one hand, and Mayotte, on the other, demonstrate how the bureaucracy of governing racialized and gendered non-citizens includes humanitarian provisions to pay lip service to the biopolitical paradigm while concealing the necropolitical implications of these policies. The minimalist humanitarian provisions conceded allow the liberal state to resolve, on the surface, the 'liberal community' tension of deploying a restrictive migratory regime that deprives non-citizens of fundamental rights, while preserving a façade of biopolitical government. This threshold of minimalist biopolitics (Redfield, 2005) aims at

the physical protection of the bodies so governed only for the period of their surveillance or detention, while the necropolitical implications of such mobility management are ignored. These necropolitical consequences expose women to manifold risks: deported women risk their lives in dangerous crossings of the Indian Ocean multiple times, asylum-seeking mothers are immobilized at the border in the name of care, and undocumented Moroccan women in the Spanish borderlands struggle to access perinatal care. These case studies highlight how, in practice, a series of bureaucratic procedures sanctioned by the signatures of qualified officers, including healthcare professionals, serve to neutralize the question of responsibility by relegating the racialized Other to a twilight zone, not exactly 'letting die', but certainly not 'making live' (Foucault, 1976/2003).

The notion of humanitarian bureaucracy thus serves to illuminate how the work of humanitarian and public healthcare providers is co-opted by the objectives of migration control through interinstitutional bureaucratic collaborations: in Melilla, by giving the medical personnel the upper hand in deciding when a patient can leave the enclave even after police authorization has been issued; in Mayotte, by providing medically sanctioned approval to the practice of deporting pregnant women; in Ceuta, by sharing patients' data for the purposes of migration control. Importantly, these case studies demonstrate that the greater exposure of migrant women to humanitarian intervention paves the ground for heightened possibilities of control over their lives and mobility. While these humanitarian provisions serve a priori to preserve the biopolitical rationality of the state by not completely excluding the bodies of pregnant women from the political community, they also serve as the bureaucratic cog in the wheel (Weber, 1922; Arendt, 1963/2006) of a dehumanized migration governance. *In fine*, the humanitarian border, and its operationalization through humanitarian bureaucracy, reveal the fundamental liberal paradox of a universalist liberalism framed by a most arbitrary limit, that of being a citizen of a privileged nation-state. The mobility of racialized and underprivileged citizens from countries of the so-called Global South faces the violence of global borders, and the deployment of humanitarianism in these contexts, despite its material benefits, does not escape the power relations and racist hierarchies that these borders enact.

BEYOND THE HUMANITARIAN BORDER: EXPOSING THE LIBERAL PARADOX

The empirical examples I draw on in the two previous sections result from fieldwork conducted in the aftermath of the misnamed 2015 'migration crisis' (Crawley et al., 2017). Writing on violence at European borders reflects a 'before' and an 'after' in the wake of the Russian military invasion of Ukraine in February 2022. In January 2023, about eight million Ukrainians had registered in Europe according to United Nations High Commissioner for Refugees (UNCHR) data. Fleeing Russian bombs, Ukrainian refugees abandoned their homes, often leaving family and relatives on the war front. Ukrainian women on the move faced heightened risks of sexual violence (Mladjenović, 2023) and specific needs in terms of healthcare (Murphy, 2022). While Eastern Europeans also face specific patterns of racialization (Krivonos, 2023), something was fundamentally different this time in terms of border management: European borders were open to Ukrainian refugees and for the very first time the EU 2001 Temporary Protection Directive has been activated, which provides for those registered under this scheme, on the basis of their Ukrainian citizenship, a right to a temporary

residence permit, and access to employment, accommodation, medical care and education. Importantly, research is now needed to explore the actual conditions of reception beyond these formal entitlements and the complexities of Ukrainian refugees' experiences. Yet, these legal differences cannot be understated: when Syrians were fleeing a war that also involved Russian bombs, no such accommodations were made. After the Merkel government organized a decisive but limited corridor to Germany in 2015, borders were again strictly shut with the 2016 EU–Turkey deal. In the aftermath, thousands remained stuck, either in Turkey or in the widely documented appalling conditions of refugee camps on Greek islands (Eleftherakos et al., 2018; Van de Wiel et al., 2021).

Migration scholars adopting a post- and decolonial lens, in particular when engaging with the necropolitical consequences of global borders (Albahari, 2015; Squire, 2017; Freedman et al., 2022; Sahraoui, 2023b; Tyszler, 2019), have long foregrounded the coloniality and racism underpinning migration regimes of the global North (e.g. Grosfoguel, Oso, and Christou, 2015; Rodríguez, 2018; Danewid, 2022). In this light, while the differential treatment of refugees is hardly surprising, it remains a relevant case to continue exposing the liberal paradox of an allegedly universal liberalism that grants fundamental rights only to the very few, the citizens of the nation state, and makes amends to these exclusions according to racializing rationales. This feudal privilege (Carens, 1987) of our post-colonial global order is all the more difficult to justify, as it has fuelled a growing necropolitical militarization of borders since the mid-1990s and fostered mortifyingly hostile environments for those on the move. While contemporary migration politics leave little scope for hopeful horizons, the recent activation of the EU Temporary Protection Directive shows that dignified conditions of reception are possible.

Furthermore, as these case studies have illustrated, the hierarchical relations that humanitarianism enacts become easily entangled with the racist hierarchies of global borders, whereby biopolitical interventions actually facilitate enhanced control over women's bodies and mobility. Feminist scholars have long argued that maternity politics are central to the reproduction of the nation and that women's bodies are exposed to various forms of biopolitics and nationalist politics (Anthias and Yuval-Davis, 1989; Yuval-Davis, 1996). What happens at global borders is thus deeply enmeshed with the patriarchal politics of nations' reproduction. The ambiguous position of pregnant women on the move when their mobility is not state-sanctioned oscillates between minimal biopolitical inclusion through healthcare access and exacerbated forms of stigmatization and suspicion that owe to racialized imaginaries of whose presence is desired and deserving. Ultimately, it is both the deeply entrenched racism of contemporary migration regimes and its collusion with patriarchal norms that need combating in order to reduce institutionalized forms of gendered violence at the so-called humanitarian borders.

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