

The “production” of irregular migrants and their vulnerabilities



Synnøve Bendixsen, University of Bergen



Helsinki 11-13 April 2018

Physical borders

During «refugee crisis»
2015:

- Greece building a razor-wire fence (2012)
- Hungary sealing its border with Croatia (October 2015)
- Turkey closed its border to those fleeing Aleppo (February 2016)
- Macedonian police using teargas on refugees at its border (10th of April 2016)



«Open the border»

- Border control intensified
- Multiplicity of borders
 - New technologies and materialities: e-borders, offshore borders, biometric and smart borders
 - Social borders /boundaries: Discourses of European and national identities, differentiations of rights



Management of migration



- Border control intensified and expanded (up/down/within)
 - Includes new actors.
 - Street level bureaucrats and ‘petty sovereigns’ (Butler 2004) - are sovereign actors, as they can claim the authority to invoke law through their work.
- Deportation regime (Nicholas de Genova 2010)
- Borderzones
 - i.e. the workplace (dividing the ‘legitimate’ from the ‘illegitimate’ worker).

Welfare state policies and rights has become part of managing migration. This has impact on the experiences of being irregular migrant.

- How is irregular migration constructed?
- What is the changed role of petty sovereigns in Norway?
- Experiences of being an irregular migrant



Who is an “irregular migrant” in Norway?

- (il)legal status:
 - I. rejected asylum seekers,
 - II. overstayed visa,
 - III. not applied asylum,
 - IV. border entrance without documents



Irregular migrants



- Irregular is **a condition** that is produced through various process of (ir)regularization, including:
 - a) Legal structures
 - b) Categorization and statistics
 - c) Differentiations of rights*
 - d) Policies and street-level gatekeeper's practices*

Numbers in Norway



- Guestimation 12 000 – 56 000 in Norway (SSB 2008, Oslo economics 2014)
- Numbers are political
 - Mythbuster
 - ‘number games’

Use of categories



- Category of people with little in common? Basis for political control
 - Migrants are objectified
- Various overlapping categories:
 - «undocumented», «paperless», «illegal» , «asylum seekers , «unreturnable» (*‘ureturnerbare’*) or «return deniers» (*‘returnektere’*)
 - Political notions (irregularized)
- Management perspective
 - «politics of control» (Squire 2011)

How they are «ir/regularized»



- National **legislation** and its interpretation
- Administrative status may **change** as a result of changes in laws and regulations (regularization)
- **The development** of the country from which they migrated and its international relations with that country, i.e. Norway
- Individual's **changing status** (i.e. relating to marriage, childbirth, illness, etc.)

Production of Vulnerability



- Differentiation of Rights
- Encounters with the petty sovereign shaped by their (il)legal status
- Stigma of 'illegality'
- Fear of deportability
- Use/dependent upon informal network

Differentiation of Rights



- Healthcare rights:
- Right to 'emergency care' - healthcare that cannot be put on hold.
- No right to 'necessary healthcare' given by the specialized branch of the health services.
- An exception is made for children (under the age of 18) in administrative practice (the Convention of the Rights of the Child and the Committees' practice), (Søvig, 2011).
- All pregnant women living in the country are entitled to necessary healthcare before and after childbirth, including maternity care.
- Risk paying for the health services themselves.

What does differentiation of rights implicate?



- Idea: the patient should use the health services in his or her own country.
- Social and health caseworkers should make individual assessments on when the migrant “in practice” is going to or could leave the country before making a decision on healthcare provisions.

Consequences of differentiations of rights



- The duty of petty sovereign (i.e. healthcare worker) to know the specific status of the person in front of her/him who seeks to solicit healthcare rights.
- Requires that the caseworker has knowledge about immigration policies and practices, such as return agreements and forced return.
- Lead to the person's health needs, necessities or requirements being put on hold.
- Focus on whether the person meets the state categorization of who should prosper within the nation-state constellation.

Constructing the underserving subject

“I don’t want to ask the doctor here, if I have a residence I will go to the doctor. I don’t like to go. Now he will think that I’m lying just to get something from there. (...) Every time you have to go to one place, you have to always convince people that you are not lying when you are asylum seeker. Even if you are sick you have to convince them that you are really sick.”
(Ali, Palestinian youth)

Healthcare workers as a gate-keeper



- Street level bureaucrats have long had a gate-keeper role in distinguishing between the deserving and underserving citizen.
- Operates differently due to deportability, illegality and humanitarian exceptionalism
- Welfare state policies towards irregular migrants are typically made through administrative decrees (regulations and circulars issued by directors, state departments and instructors).
 - Easily changed: adds to general uncertainty and unpredictability
 - Establishes a form of temporariness



- Healthcare personnel become entangled with border practices.
- Case assessments have become connected to migration control.
- Stigmatizing of irregular migrants.
- Morally excluded since their vulnerability is tied up to their “refusal to return to their country of origin.”





- Borders no longer exist (if they ever did) only “*at the edge of the territory, marking the point where it ends*” but “*have been transported into the middle of political space*” (Balibar 2004, 109)
- Internal boundary processes.
- The social production of an identity as irregular migrant.



Vulnerability and borderpractices



- Borders follow people and surrounds them as they try to access welfare benefits, legal labour and justice (Balibar 2004).
- Interceding with boundary process at the experiential level.
 - «Deportation regimes» (de Genova and Peutz 2012).
 - «Targets» for deportation
 - Processes of racialization in contemporary (re)bordering practices (de Genova 2011)

- The 'healthcare centre for paperless in Oslo (2010, Bergen 2014)

- Offer free healthcare to irregular migrants
- Those working there are professional volunteers (e.g. doctors, nurses, psychologists, laboratorians)
- Frustrated that they cannot provide medical service to everyone
- Collaborate with the diaconal hospitals, facilitating some access

MARIDAL



Humanitarian exceptionalism



- These parallel structures operates and are tolerated as humanitarian responses (Ticktin 2006) towards people in need.
- Not rights, but compassion and exceptional care become the core value in the approach towards asylum seekers and irregular migrants.
- Differentiations of healthcare are also enabled by the existence of these parallel systems

Housing



- Irregular migrants are allowed to stay in regular reception centres.
 - Some fear deportation
 - Make use of social network (also in order to work)
- Sofa couching, alternate between houses, through informal employer, friends, family.
- Ethnic and religious networks
- Ambiguous relationship (opportunity and/or exploitation)

Informal arrangements

- Employment
- Housing
- Education
- Health
- Family life
- Both formal (legal rights) and informal (practices, stigma, self-understanding) exclusion and inclusion mechanisms that characterize migrants' everyday lives.
- Continued mobilities within Schengen area.



Embodied experiences



- Being an irregular migrants affects their experience of space, time, person/identity and community (Willen 2007)
- The migrant's deportability (de Genova 2002)
- Fear of being discovered and sent out of the country
- The 'illegal' felt constantly monitored: migrants become "obedient", disciplined bodies (Khosravi 2010).
- The illegalized condition creates **disciplined workers** who can be exploited in the neo-liberal global economy (de Genova 2002).

Summary



- Irregular migration is produced in various ways (laws, interpretations, discourses, statistics)
- Petty sovereigns (i.e. healthcare workers) become part of border management
 - through their work of interpreting and assessing regulation and the law
- Differentiation of rights, housing situation - are made through a humanitarian logic rather than rights: stigmatized subject position and identity.
- This has consequences for how irregular migrants understand themselves and shapes the encounters with healthcare workers.
- Starts to enact the border?

THANK YOU FOR YOUR ATTENTION



`synnove.bendixsen@uib.no`