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Securitisation, humanitarian responses and the erosion of everyday rights of displaced Venezuelan women in Brazil

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ABSTRACT

explores the gendered securitisation This article of humanitarianism through the lens of Venezuelan women who have fled to Brazil, as part of the largest migration flow in South America. By the end of 2022, the number of displaced Venezuelans had grown to seven million, half of whom were women and girls. Alongside humanitarian programmes, measures of migration control, policing and deterrence are now routinely implemented. This article explores the interplay between securitised policies and humanitarian programmes in the everyday experience of rights of Venezuelan migrant women and girls. We ask: what happens when migrant women reach Brazil, a supposed place of safety? Do they experience rights restitution and protection, or do they continue to be subject to everyday gendered humiliations? Building on fieldwork in Boa Vista and Manaus in 2020-2022, we explore migrant women and girls' experiences with shelter and healthcare, two central pillars of humanitarian programmes. Contributing directly to literatures on migration management, humanitarianism and control, this article focuses on 'the receiving end' of securitised humanitarian practices and deploys a gender lens to reveal how securitised humanitarianism reproduces disciplinary dynamics of governance and creates gendered risks and vulnerabilities that erode migrant women and girl's rights and agency in everyday life.

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Introduction

Concerns about sovereignty and security are at the heart of state responses to migration. On the one hand, migration is 'over-determined by the securitisation drive and the will to mastery on the part of the state' (Munck 2008, 1231); on the other, migration policies are shaped by the 'classed, gendered and racialised understandings of otherness' (Sahraoui 2020, 908). Migration itself and the policies states enact to control it are, as such, also gendered. Most migrants and displaced people experience humiliation, violence and

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insecurity on their journey; for women and girls, the migration journey can also expose them to gender-based violence, as well as denial of their rights and protection. What happens when migrants, migrant women in particular, reach a supposed place of safety? Do they experience rights restitution and protection, or do they continue to be subject to everyday, gendered humiliations by states and humanitarian organisations? We explore these questions in relation to women and girls arriving in Brazil from Venezuela, as part of one of the most significant contemporary displacements of people as a result of the twin collapse of the state and economy. We show how, on arrival, displaced Venezuelan women experience policies that, intentionally or not, lead to an intensification of control and dehumanisation rather than programmes that repair and restore their dignity and rights.

Our study raises important issues about the relationship between humanitarian intervention and mechanisms of discipline and control or the 'care-control nexus' (Sahraoui 2020), that (re)produces gendered vulnerabilities and inequalities in specific contexts of migration management. We build on literatures that explore the use of humanitarian policies as a means of migration control (for example Ratzmann and Sahraoui 2021; Freedman, Sahraoui, and Tyszler 2022) and studies that reveal securitised humanitarianism as gendered forms of control (Pallister-Wilkins 2015, 2018; Williams 2015; İşleyen 2018; Sahraoui and Tyszler 2021). We contribute to this debate in two ways: first, we focus on South America to expand the geographical reach of a literature that has tended to rely on experiences of migration governance in Europe and at European borders. As such, we offer new insights on the complexities of migration in 'South-South' corridors and the tension between securitisation/control and protection/rights in Southern spaces of migration policy and practice. Second, we explore securitisation beyond the border and away from the actions of frontline officials (border guards and authorities), focusing instead on 'the receiving end' of securitised humanitarian practices, in this case Venezuelan migrant women in everyday post-border settings. Our analysis is based on rich data drawn from the testimonies and stories of Venezuelan migrant women that set out clearly how securitised humanitarianism impacts on their lives. In so doing, we are able to zoom in on the gendered costs of securitised accommodation and securitised healthcare showing the way programmes (re)create gendered risks and vulnerabilities and undermine the very human rights they are supposed to safeguard. As such, we make a contribution to literatures on migration management, humanitarian care and control (Sahraoui 2020; Sahraoui and Tyszler 2021) by examining how migration management and humanitarianism are gendered and how they are experienced 'from below'.

After a brief explanation of Venezuelan migration to Brazil, the article is divided into four sections. The first situates our research within debates about gendered securitisation, humanitarianism and human rights. The second provides an account of the methods we used to explore the experiences of Venezuelan displaced women and adolescent girls in Brazil and identify the perceptions of policy makers and practitioners on the ground. The third explores Brazil's policy response to migration from Venezuela through the Operation Welcome programme (*Operação Acolhida*, in Portuguese). This is followed by an analysis of how securitising practices implemented through Operation Welcome shape the lived experiences of migrant women and girls. We focus on shelter and health-care because these are two central pillars of Operation Welcome. Many migrant women and girls arrive at a supposed place of safety with immediate health needs, including

sexual and reproductive health needs; Operation Welcome responses to those needs are critical in shaping perceptions of the programme as a whole. Likewise, providing secure shelter is critical to safety and mental and physical wellbeing. We conclude with reflections on securitisation and the erosion of displaced women's everyday rights and the implications of our research, emphasising the problematic nature of securitised humanitarian programmes in depriving women and girls of agency and creating everyday humiliations for displaced women who have arrived in the hope of safety and rights.

Background: the Venezuelan exodus

People leave their country of origin for a wide variety of reasons; in the case of Venezuelans, these range from hunger, poverty and violence, a need for medical attention to family reunion. More than seven million Venezuelans had fled by the end of 2022. Of these, more than 80 percent sought refuge in countries in Latin America, including Brazil; half were women (R4V 2021). In stark contrast to the prosperity of previous decades and despite having the world's largest oil reserves, economic chaos, and intense social and political conflict meant that by 2020 Venezuela had become the poorest economy in the region, with hyperinflation close to 500,000 per cent by 2018 and 90 percent of the population living in poverty (World Bank 2021, 14).

Interlocking crises of governance that lead to massive waves of out-migration, such as that experienced in Venezuela, are never gender neutral (Walby 2015). They have distinctive effects on caregivers, a role that fall disproportionately on women and girls. The Office of the United High Commissioner for Human Rights (OHCHR) reported that Venezuelan women typically spend eight to fourteen hours a day searching for food, and have sometimes been compelled to exchange sex for food (OHCHR 2019, 5). OHCHR (2019, 18) reported high rates of malnutrition among pregnant women in poor neighbourhoods and a significant increase of infant and maternal mortality rates. The collapse of health infrastructure has impacted on women of childbearing age particularly badly, limiting access to contraception and contributing to rising levels of sexually transmitted diseases, including HIV, unwanted pregnancies, unsafe abortions and increased maternal mortality rates (Albaladejo 2018). It is not surprising in this context that many women deem it necessary to leave Venezuela. One woman told us:

I decided to migrate because ... I no longer had a job, life had become precarious, and I was in great need, I was very hungry ... I cannot return to Venezuela because returning means going back to need and hunger. (Mirza, Manaus, 30 June 2021)

Yet displacement can intensify existing gendered vulnerabilities and bring new risks, including exposure to gender-based violence and abuses during migration and at border crossings (Freedman 2017; PAHO 2019). For Venezuelan women heading to Brazil, those risks are greater if they are unable to travel by the relative safety of public transport, buses, and entering through regular official crossings, the 'puerta grande' (literally, the 'big door', meaning the preferred entrance, as migrants term it), taking longer to reach the border. Women using unofficial routes ('trochas') report high levels of extortion, sexual violence, threats, injuries and fear (IOM 2021a). In a survey of over 1500 Vene-zuelan women and adolescent girls who entered Brazil between 2018 and 2021, 83 percent had travelled seven days, suggesting that most cannot afford to use official

crossing points (Do Carmo Leal et al 2022). As the number of displaced Venezuelans expanded, so have techniques of border management and securitisation leading to intensification of arbitrary treatment and tighter control over migrants' lives. For women, the impacts of these policies are gendered, as we show below.

Securitisation, humanitarianism and the tensions of care and control

Research on securitisation generally focuses on the behaviour of states and/or elite actors including actors such as think-tanks, non-governmental organisations (NGOs) and knowledge-based industry/businesses and experts, epistemic communities that can endorse, legitimise and shape public opinion (Floyd 2021). As scholars such as Balzacq (2005), and Stritzel (2007) have pointed out, securitisation is both 'a performative and intersubjective process' (Fakhoury 2016, 69). States that seek to securitise migration adopt discourses that frame migrants as a threat, with government officials, political leaders, lobbyists and/or pressure groups defining who constitutes a 'risk' and who, instead, can be accepted (Buzan, Wæver, and de Wilde 1998; Huysmans 2000; Williams 2003). Positing migrants as an intrinsic 'risk' allows securitising actors to implement and legitimise practices that deliberately seek to make the act of migration life-threatening by refusing to protect migrants in transit and creating policed migration corridors, such as the US-Mexican and the Euro-Mediterranean borders, where migrants are routinely treated as criminals and stereotyped as 'rapists', 'terrorists', 'and harbingers of disease' (Washington Post, December 3, 2017). Positing migrants as people who can jeopardise national survival has led to the strategic use of walls, violence of border policing, immigration and asylum policies that separate families and increase dangers and humiliations for migrants (Bigo 2002; Muller 2011). Such practices have intensified with the rise of global conflicts (Feist 2007) and recent health crises (Youde 2018; Tazzioli and Stierl 2021).

Framing migration and mass displacement as a 'security crisis' begs the question of 'crisis for whom'. Scholars from Critical Security Studies and International Political Sociology have directed attention to the 'real human consequences' of security policies, calling for grounded research on how security is practised and to what effect (see Côté-Boucher et al 2014). This scholarship identified the expansion of where securitisation happens and explores practices of securitisation not only at borders but also in mundane and everyday practices. In this context, scholars such as El Qadim (2014); Fine (2018); and Frowd (2018; 2022) have explored everyday practices of 'power brokers' such as public or private security, immigration bureaucrats, NGOs workers, border guards and customs officers, involved in everyday security and humanitarian programmes, while Turner and Vera Espinoza (2021) identify the human experiences of refugees caught up in securitisation in Europe and Latin America.

We build on these analyses to focus on the gendered 'receiving end' of securitised practices and, in particular, on the impact of state-sponsored securitised humanitarianism on the lived experiences of Venezuelan displaced women and girls in Brazil. We expand the field beyond a focus on securitisation policies to the human consequences of these policies in humanitarianism. Our analysis therefore sheds new light on the experiences of securitised humanitarianism on migrant women and girls; in so doing, we also engage with feminist work on gender and migration which highlights the specific struggles faced by women migrants and asylum seekers (Freedman 2017, 2019; Gerard 2014; Freedman, Sahraoui, and Tyszler 2022, 4). Our concerns centre on the relationship between humanitarian intervention and control, and the implications for (women's) bodies, mobilities and wellbeing (Pallister-Wilkins, 2015, 2017; Williams 2015; İşleyen 2018; Sahraoui and Tyszler 2021).

Scholars working on contemporary European border regimes, securitisation and militarisation of migration have noted how the increase in migration numbers has intensified restrictive border enforcement practices (Bigo 2002; Huysmans 2006; Squire 2015). It is also striking how securitisation measures have been implemented in tandem with humanitarian programmes, creating a new 'logic of humanitarianism' (Fassin 2012) that combines provision of shelter, food, health care and legal assistance at, and which sometimes even seeks to mitigate the effects of, highly militarised borders, alongside securitising practices in environments such as camps and reception centres (Pallister-Wilkins 2022). Aradau (2004) and Agier (2011) for example understand the logic of humanitarianism to be rooted in a mix of a 'politics of pity' and the implementation of strategies of risk management, leading to policies that provide assistance to migrants not because their intrinsic rights are being recognised but out of a combination of pity for their needs and concern for the security of host societies (also Perkowski 2018). Women are subjected to this mix in ways that are inevitably gendered and embodied. So, a combination of humanitarianism and security practices of this sort have been observed in the management of trafficked women (Aradau 2004) or in medical interventions to assist women, particularly pregnant women, in border camps (Sahraoui 2020). Feminist scholarship therefore identifies the gendered practices women are subjected to as a result of the combination of humanitarian and security logics, how these practices are mediated by other intersectional markers of disadvantage such as racism and contribute to producing gendered experiences of practices of support, discipline and control. Sahraoui and Tyszler (2021, 12) show how migrant women in the Moroccan-Spanish border are viewed 'as the means of an intervention' in migrant communities because of their family responsibilities; they are naturalised as 'mothers' with reproductive health needs and mothering responsibilities. The point here is that even when there is no deliberate intention to harm – and there may well even be an intention to do 'good', motivated by a 'politics of pity' (Aradau 2004) - the consequences of securitising humanitarianism dehumanise migrants and create injustices, harms, abuses and oppressions and reverberate throughout migrants' everyday lives. Crawford and Hutchinson (2016, 1188) locate the 'everyday' as an intrinsic element, suggesting 'it is in part through such everyday security processes that ordinary people foster security for themselves and for others while striving to live with insecurity'.

One manifestation of everyday security practices is the creation of a profoundly gendered 'care-control nexus' through health services and the provision of shelter and food. As with all securitisation practices, the care-control nexus reflects patriarchal biases that position displaced women and girls as 'vulnerable', 'weak' and 'in need' of forms of protection (Mullally 2014), derived from gendered expectations that women deliver care for others and, therefore, can be used in service provision and encompasses forms of gendered domination by which humanitarian actors decide for and impose practices on migrant women (Sahraoui 2020).

Exploring the everyday realities of the care-control nexus empirically is important because people live, experience, and endure the social practices it gives rise to and, as

scholars of everyday IR and IPE (Hobson and Leonard 2007; Guillaume and Jeff 2019; Elias and Shirin 2019) remind us, it reveals the world in ways that can counter the excessive focus on states and elites in the theorisation of politics. It is particularly critical in the case of migrant women and girls whose everyday experiences of the care-control dynamic in securitised humanitarianism frames them as both exceptionally vulnerable and, at the same time, responsible for others. Some, such as single mothers, pregnant women and unaccompanied girls, are the subject of framings that render them especially vulnerable. We build on these debates to trace the impact of securitised humanitarianism on displaced women and girls' experiences in everyday spaces of shelters and healthcare.

Exploring displaced women and girls' experiences in everyday spaces: methods in times of COVID-19

This study draws from the ESRC-funded project Redressing Gendered Health Inequalities of Displaced Women and Girls in Context of Protracted Crisis in Central and South America (ReGHID) and was conducted in Brazil during 2020-2022. Our qualitative research design aimed to establish contextualised understanding of Venezuelan migrant women's experiences in shelters and healthcare. To embrace the 'abundance of everyday life' (Guillaume and Jeff 2019) and analyse the lived experiences of migrant women in Brazil, we collected data through interviews, field observation, writing field notes, and gathering visual documentary material. As with most research dependent on field work in 2020, ours was affected by the COVID-19 pandemic, and neither we, nor our Brazilian partners, could travel to conduct face-to-face interviews. Finding a COVID-secure (for both participants and researchers) yet rigorous approach was a challenge. We opted to conduct semi structured interviews by Microsoft Teams with 79 migrant women aged 20-49 and adolescent girls aged 15-19, in Boa Vista, where most Venezuelan migrants arrive when entering Brazil, and in Manaus, the second most common city of settlement. Most had arrived in Brazil between 2018 and 2022, but a few had been there for up to five years. The study sites included settlements, spontaneous occupations and official shelters that receive Venezuelan women and girls, as well as spaces for overnight stay for homeless migrants, in the municipalities of Manaus and Boa Vista. We were able to conduct the interviews thanks to earlier research conducted by our Brazilian partners and a volunteer, a migrant herself, working with women in shelters, who acted as point of contact for all our interviewees. Interviewees were recruited through contacts in shelters, with local co-investigators and practitioners, chain-referral techniques and snowball sampling. All interviews were conducted in Spanish. While the study does not claim generalisability, it has followed a sample design that sought, as far as possible, to include migrant women and adolescents of reproductive age (15-49 years), covering different sociodemographic characteristics, such as age, gender, race/ethnicity, education, marital and economic status, date of arrival in, and mode of travel to, Brazil. Interviewees were asked about their experiences, expectations and the challenges faced during the journey and on arrival in Brazil; health needs in the course of displacement, with a particular emphasis on sexual and reproductive health; experiences in seeking and receiving protection, shelters and health services; perceptions of vulnerability and risks; and barriers to healthcare and protection in border areas and once settled. The final number of participants was defined by saturation. We also conducted semi-structured interviews with 35 key informants from a range of humanitarian organisations, including the International Organisation for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) – which lead programmes within shelters under the mandate of Operation Welcome – the United Nations Population Fund (UNFPA) and United Nations Programme on HIV/AIDS (UNAIDS) which lead sexual and reproductive programmes in Roraima, and managers and professionals from government agencies working with migrant women, including social assistance and health care services, and NGOs.

By May 2022, travel to Brazil was possible once again, and two authors travelled to Manaus and Boa Vista to engage in a further round of field research. In this case, conversations with shelter coordinators, including military and representatives from IOM and UNFPA were more informal and not transcribed.

Our research observed fully the ethical guidelines set out by the UK lead researcher institution, including informed and voluntary consent and the duty of researchers to do no harm. Adolescent migrants who participated in research activity had to be authorised to do so by their legal guardians, who also had to sign an ethical form. Our point of contact ensured that interviews took place within the women's place of living or a local NGO, whether a shelter or not or, if necessary, outside, ensuring privacy and safety. Data was analysed thematically by the authors who read through the verbatim transcriptions of all audio-recordings and coding process facilitated by NVivo software. Names of interviewees have been changed to preserve anonymity.

The rise of securitised humanitarianism and the erosion of rights in Brazil

Securitised humanitarianism in South America is relatively recent because, until the collapse of Venezuela, there has not been such a major refugee flow in that region. In Central America, where migration in response to violence, poverty and generalised crisis has a much longer history, scholars have consistently noted that migrants have to 'mediate seemingly contradictory frameworks' that generate 'ambiguous dynamics of care and coercion' (Doering-White 2018; also Torres et al. 2022). In South America, however, approaches to address migration were essentially based on labour and temporary movement of people across borders (Acosta and Freier 2018). The 2002 Residence Agreement between countries in the South American regional alliance Mercado Comun del Sur (Southern Common Market, MERCOSUR), $^{\overline{1}}$ ensured, in principle, a rights-based approach to health, education and labour rights of migrants (Ceriani Cernadas 2018), although, as Riggirozzi and Ryan (2021) show, these policies were often poorly implemented. This limited regional consensus was unable to address either the scale or nature of out-migration from Venezuela. Instead, states have developed a series of national, often contradictory, initiatives to deal with the rising numbers of Venezuelans reaching their borders (Freier and Soledad 2020; del Real 2022). By 2020, the challenges presented by mass displacement out of Venezuela were further intensified by the extreme fiscal and social pressures generated by the Covid-19 pandemic. In the process, the focus shifted towards security.

Within South America, Brazil had been one of the principal backers of the rights-based migration approach, and this initially fed into the humanitarian programmes put in place for Venezuelans. In 2014 – just prior to the major increase in numbers of Venezuelans entering the country – Brazil committed to the inclusion of refugees, asylum-seekers,

and stateless persons in national social protection programmes. In 2017, it created a twoyear residency permit for Venezuelan nationals and, in June 2019, classified Venezuela as a country with 'serious and generalised violation of human rights'. This allowed Venezuelans to be recognised as refugees under Brazilian Refugee Law, granting them access to public health and social assistance services, regardless of legal status (Brumat 2022). In 2018, in response to the growing numbers, the government set up Operation Welcome, a federal inter-agency humanitarian operation involving the Armed Forces, government services, NGOs and international organisations. At this point, it was estimated that 10 percent of the population in the cities of Boa Vista and Pacaraima, in the state of Roraima in northern Brazil, was Venezuelan (Doocy et al. 2019). 40 percent of all Venezuelans in Brazil were thought to be in Boa Vista, increasing its population by 60,000 (from 340,000 to 400,000) between 2015-2018. With local services strained and labour markets unable to easily absorb new arrivals, tensions increased, sometimes leading to outbreaks of violence (Moulin and Magalhães 2019).

Operation Welcome was explicitly designed to offer humanitarian support and provide security both for migrants and Brazilians. It aims to (i) ensure order at the border; (ii) provide shelter, food and health services on arrival, including enabling access to Brazil's public and free health system; and (iii) offer relocation as a way to reduce local tensions and manage crisis (Moulin and Magalhães 2019). The programme is run by the Armed Forces in coordination with the IOM and the UNHCR, who organise and triage migrants into shelters as they arrive. The main humanitarian services operate chiefly in the border town of Pacaraima and in Boa Vista, the state capital. Operation Welcome is also present in Manaus where the Armed Forces organise and provide 'security' in an overnight shelter, which operates in the city's bus station. In order to provide health services, emergency hospitals were also established, and military medical personnel were deployed to Roraima to vaccinate migrants and provide other emergency health services. The IOM, UNHCR, and UNFPA, the Red Cross, and religious organisations also set up legal (and sometimes medical) advice services to enable migrants to acquire the documents they need to access employment and health. The programme is, in summary, militarised in that it is overseen by the Army (and services sometimes delivered by them), humanitarian in seeking to offer much-needed emergency services such as shelter and primary health care and *securitised* in that it is underpinned by concerns about order and control.

Responses to aspects of the humanitarian elements of Brazil's programme have been positive (Zapata and Vicente 2021). Alexander (2022), however, argues that the programme works chiefly to control migrants for the protection of state security. The budget for Operation Welcome (around 51 million USD per year since 2018) sits within the Ministry of Defence and the programme relies heavily on the Armed Forces for implementation (Ramsey and Sánchez-Garzoli 2018). It is the Armed Forces that decides and is responsible for transferring social service budgets to civil society organisations. The Armed Forces, supported by the local Federal Police, run reception centres that receive, organise, and filter incoming migrants, the first time they have taken on such a task (dos Santos Vasconcelos and de Reno Machado 2021). Their leadership has been justified by the scale of the crisis at the Brazil-Venezuelan border (Almeida, Gama, and Paiva 2021). Their presence enabled the rapid creation of 13 shelters in the border towns of Pacaraima and Boa Vista in Roraima, as well as the

setting up of temporary sleeping facilities in Boa Vista and Manaus' bus stations, and the distribution of food and emergency health services. The highly visible presence of Army personnel led to an expansion of control and policing especially in border areas, and the Army has targeted what they see as irregular crossings. Control elements have become routine: during fieldwork in May 2022, authors witnessed military personnel accompanying migrants onto planes and members of the Armed Forces impersonally tagging migrants with wristbands with logos of either the IOM or UNHCR.

Militarised provision of humanitarian aid also shapes the services provided for arrivals. On arrival, migrants are screened for disease at the border and are vaccinated (whether they have previously been vaccinated or not). This takes precedence over any discussion of what the health needs of arriving migrants might actually be or of any trauma they may have encountered on their journey. The shelters built by the Army, which serve the immediate basic need for housing, enable close control over migrants' movements (Moulin and Magalhães 2019). The Armed Forces coordinate the employment support programme set up under Operation Welcome (*Vaga de Emprego Sinalizada*), which operates as part of the drive to encourage migrants with a job offer to move elsewhere in Brazil and reduce pressures in Roraima (Almeida, Gama, and Paiva 2021). The presence of the Armed Forces in the main reception cities of Boa Vista and Manaus also means frequent checks on people who look like they might be Venezuelans in the streets, bag and vehicle searches and request of ID cards, creating fear and insecurity and sometimes leading to the unlawful forced return of migrants back over the border (dos Santos Vasconcelos and de Reno Machado 2021).

Brazil's approach to managing Covid-19 intensified this climate of control. The border was closed and the entrance of foreigners, including Venezuelans who were in possession of residency documents, prohibited (Cintra 2020). Asylum claims of those arriving mid-pandemic were annulled and sheltering was denied, enabling deportations, generally carried out by the Federal Police.² One interviewee told us:

... we had so many fears ... especially of the Federal Police. They were catching a lot of people, and ... we all felt unsafe. (Silvia, Manaus, 05 July 2021)

One interviewee, the manager of a shelter run by a religious organisation, told us that the Federal Police routinely enter the shelters, even those that are exclusively for women and children, in search of undocumented migrants. In summary, although Operation Welcome is framed in the humanitarian language of protection, it embodies practices of discipline and control that emphasise the dangers migrants pose to Brazil, from crime to disease, to pressure on labour markets and housing. It actively creates migrant 'illegality' and insecurity, in parallel with a discourse of humanitarian protection. Such practices, as we show now, have come to shape almost every aspect of the lives of displaced Venezuelan women, infringing their rights, wellbeing and dignity.

The everyday securitisation of migrant women's lives in Brazil

In 2017 Brazil introduced Migration Law 13445 based on the principle of non-discrimination, and free and universal access for migrants to social services and programmes. This law initially provided the underpinning for Operation Welcome. But as migrant numbers expanded, this began to change. Interviewees reported the creation of barriers

at border areas ranging from requests for documentation they were unable to provide and challenges over language proficiency. The tone of exchanges between border personnel and migrants changed; interviewees reported a lack of gender-sensitivity to specific forms of protection for women and girls in displacement, and for the caring responsibilities they shoulder. One interviewee recalls:

It was very bad because I have my passport and my eldest daughter too, but for the other two I couldn't get them, it was difficult in Venezuela. In Pacaraima, it was very hard because the military told me to 'take them back to their country', because the children couldn't cross illegally [they said] to Brazil ... The military wouldn't let us enter, and I had to spend all night finding a way in, because I couldn't turn back ... He [an Army officer] said, 'if I let you in, your children would come in illegally and this would be irresponsible on your part ... go back to your country'... I cried and then, thank God, a taxi driver offered to hide the children in the car, while my daughter and I walked to enter to Brazil. (Mirza, Manaus, 30 June 2021)

Many also reported feeling judged at the border as 'bad mothers', even though they had taken the decision to leave precisely to seek a future for their children and provide better care for them. Women also faced violence, (hyper)sexualisation and stigma. When three of the authors of this paper were crossing the border at Pacaraima, they were told in an offhand manner by a border official that 'they are all prostitutes', referring to a group of Venezuelan women. Human Rights Watch (2018) reported that Venezuelan women who have crossed into Brazil and are waiting for residence and work permits are at risk of exploitation, particularly sexual exploitation, demonstrating the challenges women face as they settle in the country and the great need for immediate spaces of protection.

The gendered costs of securitised accommodation

Secure shelter is critical for safety and well-being for people on the move. The 2017 Migration Law includes the right to adequate housing and basic services for all migrants regardless of status. Under Operation Welcome, all migrants are initially allocated to an official shelter, which are guarded by the military and designed to be temporary (often only up to three months), until migrants can be relocated to different states and cities and/ or obtain employment and afford independent accommodation. Some shelters host migrants who have been put into different 'streams': for example, those awaiting internal relocation or those with documentation problems or ongoing claims for asylum. In these cases, migrants can remain until they find alternative accommodation, are relocated or resolve their papers. Migrants who are not given a place or do not want to live in shelters can sleep in overnight facilities, also managed by the Armed Forces. Overnight shelters are located in the main bus stations and provide migrants with a space to sleep for the night and they have to leave in early hours of the morning. dos Santos Vasconcelos and de Reno Machado (2021, 109) argue that the setting up of shelters through Operation Welcome has been a humanitarian military action as much as a systematic policy of 'sanitising public spaces by removing Venezuelan migrants previously living in streets and abandoned buildings'. The setting of shelters outside urban areas, behind walls with barbed wire also creates a sense of criminalisation and risk; and a tension between enacting rights (or caring through sheltering) and the securitisation of migration management.

Inside, shelters are composed of UNHCR-donated tents and/or beds and mattresses, usually allocated to the elderly, people with disabilities or families. The tents are not designed for the climate in northern Brazil and are difficult to sleep in in the high temperatures that prevail. As a consequence, many migrants put their beds outside the tent. In a separate area, under a single massive marquee, there are hundreds of beds, side-by-side, in open plan spaces sectioned for women, men and transgender migrants. For women with care responsibilities, these shelters present particular difficulties. There are no cots or cribs, so babies and small children sleep in the same beds as the mother/carer. They lack private space: as an IOM officer told us 'everyone can hear everything, and there is a lot of shouting at women who can't make their babies stop crying during the night' (Anonymous, Pacaraima, 13 May 2022). The bathrooms are separated from this area, so women (with or without babies and children) have to cross dark and crowded spaces if they need to use the bathroom in the night.

The sense of confinement and the sharing of every physical space is compounded by frequent turmoil and aggressive behaviour. One adolescent migrant explained:

It is horrible. You can't feel at ease, you can't rest, the military come in every time there's a problem and turn on the lights in your face ... I am afraid because there are so many criminals here. I feel helpless because I can't sleep and every night there is a fight. It feels like one of those movies where the guns are always drawn. ... Pistols, knives, fight for this, fight for that ... (Gloria, Manaus, 18 June 2021)

Privacy and security in shelters have been recognised as critical to the provision of gender-adequate humanitarian support by the UN Special Rapporteur on the Right to Privacy. Privacy offers 'protection against gender-based violence and discrimination and other harms that disproportionately affect women and intersex and gender-nonconforming individuals' (UNGA 2020, 2 and 14). The lack of privacy can be particularly traumatic for adolescent girls who may feel deeply uncomfortable, for example, changing pads in communal bathrooms when they have their period, or cleaning menstrual cups provided by international organisations (Anonymous UNHCR Officer, Boa Vista, 05 March 2021). One interviewee told us:

You don't have any privacy, really no type of privacy. Not even for women to have a shower, they have to shower as if they were in a prison. It is very hard ... there are lots of families. It is like a big space where we all sleep. (Gabriela, Manaus, 08 June 2021)

Interviewees also shared the view that, while shelters mitigate their immediate needs for a place to stay, they do not provide a place of safety. Many recalled episodes of embarrassment, harassment and sexual violence as a result. Silvia, a transgender interviewee, described:

I suffered so much discrimination and prejudice at the shelter. And was also a victim of violence ... by men who also lived there. So I did not want to sleep there anymore, I preferred sleeping rough rather than staying at that shelter. (Silvia, Manaus, 5 July 2021).

Makuch et al. (2021) also highlighted episodes of gendered violence at the shelters' lunch-room where migrant women are pushed away by men who jump in front of the queue where they wait to receive food and have access to the seats where they eat. During fieldwork in Manaus, we witnessed how a young female migrant and her three year-old son entered the lunch-room after queuing for a long time, in high temperatures,

only to receive just one meal because she was told by the (male) volunteer serving that a full meal for her young child 'would be a waste'.

The constant presence of the Armed Forces in the shelters, meanwhile, also presents a series of gendered risks. One woman explained that the 'military are vigilantes outside the shelters, the security is outside. Inside, you have to deal with all the people, good or bad' (Gabriela, Manaus, 08 June 2021). Overall, women felt that the apparatus of military security was confining them to the shelters, affecting their everyday autonomy, whilst failing to protect them from issues that arose within the shelters (also Makuch et al. 2021). Marcela described being in a shelter as similar to prison:

[I felt] locked up, I didn't go out for anything, they wouldn't even allow me to leave to get groceries (...) They didn't let anyone leave; they wouldn't allow me to leave. (...) I prefer the bus station because I am free to come and go, they don't have me locked up. (Manaus, 08 June 2021)

The shelters also impose tight control over women's time. Rules vary, but all shelters impose strict timetables for sleeping, waking and eating. In some, women have to leave at 5am for breakfast at the nearby church, offered only to women and children, while the men stay at shelters. This is done with the interests of women and children in mind; but for many women, especially those who are pregnant, breastfeeding, caring for small children, or in ill health, having breakfast at this time and outside the shelter is very difficult. And they have no choice: they are not allowed to continue sleeping or to let their children do so. They also have to be back indoors by 5 pm. In the meantime, there's nowhere safe to stay. Yet mothers and carers are given official warnings if they arrive back late and if they accumulate five warnings, they face the prospect of eviction and homelessness. The warnings also apply to women if their children are late returning to the shelter, resembling what Sahraoui and Tyszler (2021, 12) recall as moral imposition over what good motherhood and good citizenship should look like. One interviewee told us:

[My mother] has five warnings because of my brother ... he arrived late, at six or seven o'clock. ... she has not been kicked out of the shelter yet because she is ill ... but we are frightened ... If we leave, where do we go? (Clelia, Manaus, 28 September 2021)

The conditions for women and girls in the shelters located in bus stations are, if anything, materially worse. Here, they only have access to a thin mattress on a first-comefirst served basis and can end up sleeping on the streets if no mattresses are available, where they face the risk of abuse of violence.

Because the shelters can be unpleasant and the temporary sleeping facilities in bus stations are uncertain and unsafe, some women squat in unused buildings or pieces of land that lack sanitation, drinking water and power. By 2016, there were 16 squatter settlements in Boa Vista housing close to 2,000 people (IOM 2021b). These present their own risks to health and safety, and increasingly security forces have sought to forcibly remove migrants from squatter settlements to distribute them (back) in shelters or to other parts of Brazil (UNHCR 2021).

The everyday loss of dignity in securitised healthcare

Half of all displaced Venezuelans are women and girl. A considerable number of women who arrive in Brazil are either pregnant, mothers with infants or young children, or both

(Fuscoe 2020). Most are also poor and in need of multiple social and health services. During the journey, many have experienced exposure, exhaustion, inadequate food and nutrition and inadequate shelter and they will not have been able to shower, change their clothes or easily breastfeed. Many experienced sexual violence or the risk of violence (Fuscoe 2020, 190). Many arrive, in other words, with significant and immediate physical and mental health needs.

The human right to health and access to healthcare for non-nationals are, in principle, guaranteed in the Brazilian constitution and in the 2017 migration Law, which safeguards access to health services regardless of nationality or migratory status. But the approach in practice, at and beyond the border, is to view Venezuelan women as a health risk, not as a person in need of health services. Health checks implemented at the border serve not to establish needs but to provide 'a barrier to prevent the entry and propagation of diseases in Brazil' (Garcia de Oliveira 2019, 100). The first health question migrants face, therefore, is not what they need but whether they show proof of vaccination. Women are generally given a pre-emptive dose of the vaccine against measles, mumps and rubella, and yellow fever, regardless of whether they have had it or not. Our interviewees told us that it is only after they have been vaccinated (again), that they can obtain documents such a medical card or have access to shelter.

Such bio-sanitary management of migrants' bodies is gendered, as migrant women particularly encounter health provision on arrival that is excessively focused on their sexual health, sexual behaviour, and on contraception. Of course, many women and girls reaching Brazil are in urgent need of contraception and other reproductive health services because some have been exposed to sexual violence, including rape, on their journey and others may be travelling with their sexual partners. Many are aware that the risk of further violence will not disappear, and they urgently want to protect themselves again unwanted pregnancies. But the approach of the health system at the border is fundamentally one that construes Venezuelan women as sexual and moral threats to the local population and a potential burden on the local healthcare service. For Pérez and Luisa (2022) Venezuelan female migrants are viewed through a lens of hyper-sexualisation and criminalisation, meaning that migrant women and girls are seen as a risk to the moral integrity of society. Women are faced with strict decisions, taken by the authorities, concerning the control of their reproductive choices. Choices are sometimes made by medical professionals to control migrant women's fertility when they give birth, without any process of consultation (Rosa 2021: 23), a pattern that violates women's rights to bodily autonomy, integrity and their right to reproductive freedom. A UNHCR Protection Officer told us that:

Women are given injected contraceptives, post labour, with no sort of permission or authorisation ... months later a [migrant] woman discovered this happened. (Anonymous, 11 December 2020)

Overall, there is a perception amongst those running Operation Welcome, mentioned to us on several occasions, that Venezuelan female migrants, especially indigenous women, 'have too many children'. Tensions between the right to health and respect to determination and bodily integrity became also manifest in the response of a government official responsible for the management of local health provision and services, who claimed that they need to 'guide them', referring to migrant women, particularly from

indigenous populations, in the use of contraceptives 'so they wouldn't get pregnant' ... 'because there were a lot of children there'; and also recounted:

We kept explaining to them, saying 'look, there are pills, but we can give injections', because it was easier, right, than leaving them with the oral contraceptives, we could apply the injections and the Health Unit could provide them [the injections] (...). (Anonymous, 28 October 2020)

Some interviewees felt that they were not listened to, that decisions were made for them, and that 'they [health service professionals] don't understand us (...) or have no patience with us Venezuelans' (Luisa, Manaus, 29 June 2021). 'It feels like a mistreatment (...) and that there is a lot of judgement and discrimination' (Sara, Manaus, 21 June 2021). Silencing women's voices means decisions about their own reproductive healthcare are made for them (and despite them), which appears to be commonplace. An UNFPA official, responsible for sexual and reproductive programmes in Roraima, acknowledged that:

It is necessary to be respectful regarding what it is offered to them, and to avoid equalising reproductive health to merely having children. (Boa Vista, 10 February 2021)

The excessive focus on pregnancy and contraception when providing information and health coverage is limited and short-term, and fundamentally constructs women and girls both as victims (of sexual abuse) rather than subjects of rights, and as risks to the Brazilian society. The way humanitarian healthcare is provided privileges control and restrain their sexual and reproductive behaviours and choices, affecting their agency and the right to decide over their own bodies. Prevailing approaches to healthcare of migrant women and girls have, as showed, costs that are gendered as they risk overlooking other aspects of health needs and rights of migrants, for example access to (sustained) psychological support and services to redress trauma or treatment for any other nonreproductive health issue. Doing so reinforces gendered portrayals of migrants as a (moral and sexual) risk.

Conclusion

Migration policies that are constructed on the basis of security discourses are imbued with gendered stereotyping and biases. Migrants and forced migrants are directly affected by these. In Brazil, tensions between security and human rights approaches to state-led humanitarianism reveal entanglements of protection and control and interventions that ultimately privilege security over human rights. Such practices (re)produce dynamics of discipline and management of migrants and sites of power that erode migrant women's rights and agency in everyday life. We have focused on the gendered costs of securitised humanitarianism in South America, a relatively new geographical field for its implementation. We thus broaden the literature beyond 'Fortress Europe', where most studies have been located.

Focusing on shelter and healthcare, we have shown in this article how securitised protection, creates new, gendered vulnerabilities for Venezuelan displaced women and girls. Our view is that migrant women and girls are not vulnerable in themselves, nor are they inherently victims without agency, as Enloe (1993) argued over twenty years ago. Rather, as we explored, the policies put in place to manage mass migration serve to create new manifestations of gendered risks and vulnerabilities. In this sense, placing female migrants as both at risk, therefore in need of humanitarian care, and as a risk to the host society, led to securitised programmes that reduced rather than repaired and restored their dignity and rights.

Training a gendered lens, we focused on the receiving end of humanitarian and securitising policies raising displaced women and girls' normally invisible voices. We look at institutional, intersocietal and intersectional practices that reproduce gendered inequalities and power relations that affect the exercise of everyday rights. Our contribution is, therefore, to academic scholarship that seeks to move beyond state-centric approaches on migration management, putting forward three analytical routes that reveal 'the everyday' in migration governance: by tracking (unintended) forms of violence and the daily absence of protection of migrants that result from practices of securitisation; by identifying tensions that emerge between securitisation and human rights in displacement; and by introducing the exploration of practices and sites of power that are key part of national (and regional/ international) migration politics and fundamentally of gendered everyday biases. We concluded that securitised humanitarian policies for migrants are gendered, and thus create insecurities, violence and harms that affect migrant women's rights and dignity in their everyday lives. The everyday does not just simply focus on these experiences but fundamentally addresses gender-informed understandings of how securitisation and control manifests and feels like for displaced women and girls in their everyday spaces of interactions; and how securitisation and control risk overpowering any logic of choice, care and the promotion of the agency of migrant women and girls.

The analysis presented here thus supports the view that the literature on securitisation and migration must pay serious attention to the gendered costs and impact of policies and humanitarian programmes in the context of migrant and refugee protection; and do so by exploring the gendered costs of securitised practices and the impact of policy, including social (power) relations, on migrant women's experiences, independent of how humanitarian programmes are conceived and presented.

Notes

- 1. Argentina, Brazil, Paraguay, Uruguay and Venezuela although suspended since 2016 citing violations to human rights plus associated members Bolivia, Chile, Colombia, Ecuador, Guyana, Peru and Surinam.
- 2. See Class Action No1001365-82.2021.4.01.4200 submitted by Brazilian prosecution to Federal Judge, at https://www.mpf.mp.br/am/sala-de-imprensa/docs/acao-mpf-e-dpu-impedimento-a-deportacao-de-migrantes

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