



Universiteit Leiden

Necropolitics of the Islamic State's Healthcare System: Fueling the War Machine.

Human nature is not taken into account, it is excluded, it's not supposed to exist! They don't recognize that humanity, developing by a historical living process, will become at last a normal society, but they believe that a social system that has come out of some mathematical brain is going to organize all humanity at once and make it just and sinless in an instant, quicker than any living process of life; they don't want a living soul! The living soul demands life, the soul won't obey the rules of mechanics, the soul is an object of suspicion, the soul is retrograde! But what they want though it smells of death and can be made of India-rubber, at least is not alive, has no will, is servile and won't revolt! – Fyodor Dostoyevsky, "Crime and Punishment"

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Table of Contents

Chapter I. Introduction.....	- 3 -
I.I Relevance	- 4 -
I.II Historical Background of IS’ Rise to Power.....	- 6 -
I.III Literature Review	- 10 -
I.IV Methodology and Sources	- 18 -
Chapter II: Theoretical Framework	- 21 -
II.I Birth of Biopolitics	- 21 -
II.II Necropolitics.....	- 24 -
II.III The Paradigm of Politics of Death: Coercion, War Machine and State Racism....	- 25 -
II.IV Examples of States Driven by Necropolitics	- 30 -
Chapter III: The Failure of Diwan Al-Sihha	- 33 -
III.I Brain Drain	- 34 -
III.II Deficiencies in Medical Supplies and Innovation.....	- 36 -
III.III “Stronghold of Diseases”	- 38 -
IV.IV Rejection of Foreign and International Aid.....	- 39 -
Chapter IV. Necropolitics in the Islamic State Healthcare System	- 42 -
IV.I Coercion in the Health Domain.....	- 42 -
IV.II IS as a War Machine	- 45 -
IV.III Subjugating Female Doctors and Patients	- 48 -
Conclusion.....	- 53 -
Bibliography.....	- 55 -

Chapter I. Introduction

In the beginning of the XXI century the world witnessed the rise of one of the deadliest terrorist organizations of history, the so-called “Islamic State” (IS). Emerging as a spin-off of Al-Qaeda in Iraq in 2004, the group came to living as a reaction to the American invasion in Iraq a year earlier and step by step took control over vast territories in Iraq and Syria (Stenersen, 2018). Opposed to everything that was Western, they waged war against the Western civilization as well as the Islamic world, claiming that only their version of Islam was the rightful one, and eliminated everyone who dared to think otherwise. The genocidal campaigns carried out against religious minorities of the Middle East, especially the Yazidis, brought tens of thousands of deaths. IS did not limit itself to committing atrocities in the region and conducted a series of terror attacks in the West. The Dantean scenes from Paris 2015, and Brussels 2016 terrified the world, but also united Western powers to get rid of this deadly pseudo-Islamic virus that was spreading around the globe bringing nothing but death and fear.

In December 2017 the US-led military coalition reconquered 95 percent of IS-controlled territories in Iraq and Syria, but it took them two years, to bring IS territoriality to an end. In February 2019 one of the allied groups, the Syrian Democratic Forces (SDF) captured Baghouz, the last siege of the terrorist forces, thereby finishing the territorial existence of IS. Soon after that, in October 2019, the self-proclaimed caliph, Abu Bakr al-Baghdadi died at the hands of American soldiers, which IS confirmed a few days later. It seemed that such a debilitated organization, deprived of the conquered territories and of its leader might never get up from its knees. Yet, recent studies indicate that the organization has maintained their terrorist activities in Iraq, Syria and other parts of the world, and what is more preoccupying, that it has been regenerating its forces.

This research goes back to the height of IS' territorial domination of 2014-2017 and focuses on the power relations within the Islamic State aiming to answer the following research question:

If IS had developed an effective governing system, how come did its state-building project fail in 2017 and to what extent did the governance in the healthcare domain contribute to it, alongside the military offensive of the international coalition?

There are two reasons why finding answers to this question could be particularly interesting. First of all, the state-building efforts of the Islamic State have been analyzed abundantly, yet there has not been much focus on the power relations within the organization and thus there is an understanding gap in the reasons behind their failure, as mostly it was attributed a military aspect. Secondly, looking at the Islamic State from a biopolitical or necropolitical points of view might bring into light their treatment of not only the sworn enemies, or the "Other", but also that of the "Self", which has not been discussed widely, as yet again, the focus remained mainly on the war the group waged against the West. IS' healthcare politics seem to be one of the group's state building pillars, which affected both the controlled society, as well as the enemies of IS, and it is thus a good starting point to be studied for the purpose of a necropolitical analysis.

I.I Relevance

With the rise of authoritarianism, nationalism and pseudo-religious terrorism in the global political realm, it is important to keep revealing the lethal powers that drive them in order to hinder their growth and protect democracy. In this context, it is particularly important to look at extremist organizations, and specifically the Islamic State, for three main reasons. First of all, no other terror organization has managed to control such a vast territory for such a long

time. In 2015 it spanned from Aleppo in Syria to Mosul in Iraq and amounted to around 100,000 square kilometers, where some 10 million people lived, both of which are comparable to the territory and population of Portugal. The short-lived success of the group was granted by the insufficient preventive measures by the global community and this mistake cannot be repeated.

Secondly, no other terror organization managed to attract as many foreign fighters as IS did. Research on the group's governance and treatment of civilians, observed through Achille Mbembe's theoretical tool called "necropolitics" might contribute to creating nuanced counter-narratives for terrorist propaganda that encourage people around the globe to succumb to false promises of a utopian world.

Thirdly, as Western countries have been reluctant to repatriate the remaining participants of the caliphate project from Iraq and Syria back to their states of origin, they have produced a "ticking bomb" issue, which can only be tackled by decision makers if they are provided with more insight into dire circumstances in which their citizens lived under IS rule. Neglecting this problem and disrespecting human and citizen rights by Western countries towards their own citizens might only feed terrorist propaganda and exacerbate the problem in the long run.

This is why the reinvestigating IS' governance methods, especially in the healthcare domain are crucial to the understanding of the group's tactics in periods of emergency, and consequently to the hindering of IS' regeneration efforts in the times of the global Covid-19 sanitary crisis. The deciphering of the reasons behind the Islamic State's caliphate project failure might give new perspectives and arguments in the discussion about the rise of oppressive powers around the globe. Baskaran (2015) is spot-on when saying that exploiting IS' failures is key to winning the war against terrorism.

I.II Historical Background of IS' Rise to Power

Struggle over power in the beginning of the XXI century was what gave birth to IS. A group of terrorists headed by a Jordanian jihadist Abu Musab al-Zarqawi, split from Al-Qaeda over his conflict with Osama bin Laden about the treatment of Shiites and takfir (excommunication). In consequence, Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (Organization of Jihad's Base in Mesopotamia) was established, which was simplified to 'Al-Qaeda in Iraq' (AQI), and which eventually evolved into IS (Bunzel, 2015). Zarqawi's plan was to lead to a civil war between Sunnis and Shiites in order to establish a "caliphate". It is important to note that the power in Iraq had been shifted by the Americans from the Sunnis, who were represented by the abolished Saddam Hussayn and his Baath party, into the hands of the minoritarian Shiites. Suffice to say, many Sunnis were not content about this power twist.

The social tensions aggravated by the American invasion in Iraq in 2003 fed the popularity of AQI, which became an umbrella organization for akin jihadi groups in Iraq. In 2006 AQI created a coalition with other prominent jihadi groups: Jaysh al-Ta'ifa al-Mansura, Saraya 'Ansar al-Tawhid, Saraya al-Jihad al-Islami, Saraya al-Ghuraba and Kataib al-Ahwal, creating Majlis Shura al-Mujahideen (The Consultative Council of the Mujahideen). This coalition constituted a base for an insurgency against the Americans and the Iraqi regime ("Diving Deep into the Origins", 2014).

Despite Zarqawi's death in 2006 during a US military operation, the group carried on his legacy and followed his intellectual framework. What is more, his killing consolidated the coalition, which four months later established a more politically natured Al-Dawlah Al-Islamiyyah fi Iraq (The Islamic State in Iraq, ISI) with the aim to prepare a bureaucratic structure capable to manage territories after expanding the group's control. On top of that structure was the sector emir, who held six other emirs accountable. Those were respectively responsible for: health, propaganda, law, administration, security and military issues. Overall,

ISI's aspirations were aimed at becoming a sort of a chimera between a totalitarian regime and that of a Western democratic state (Baskaran, 2015). Zelin (2014) noted that ISI's governance in that period was based on providing law-and-order and was nothing close to what the group managed to develop in its later stages, when it controlled territories both in Iraq and Syria, but provided foundations for future state formation. In those early stages ISI started raising revenue, preparing governing methods and recruiting local personnel to build up its governing structure having a long-lasting state project in mind (Johnston et al., 2016).

The consolidation of ISI constituted a shift from an insurgent group into a territorial governing body. However, the tribal Sunnis quickly responded to the emerging threat and formed Sahwa (Awakening) militias supported by the Americans, which significantly slowed down ISI's insurgency. It did however provoke ISI, which conducted its first genocidal campaign against the Yazidi minority in the Iraqi region of Sinjar killing almost a thousand of them in 2007. In the meantime, the US withdrew a large number of its soldiers from Iraq, which shifted the balance of power in the insurgent areas, allowing jihadists to recover and make territorial advancements. In 2009 ISI conducted an attack on the Iraqi capital, Baghdad, killing around 400 people and carried out a propaganda campaign with an attempt to delegitimize the Iraqi regime and gain support among the civilians ("Diving Deep into the Origins", 2014).

It was in 2010 when the infamous Abu Bakr Al-Baghdadi came into the picture. He succeeded Abu Ayyub Al-Masri after his death in April of that year. He brought a shift in strategy and instead of fighting Sahwa, Al-Baghdadi tried to buy them off to join his side, offering them financial compensation. Another strategy shift took place on the territorial level, as the group extended its reach to Syria, trying to exploit the civil war and to take advantage of the tensions within that society. Those events led to a collaboration with an active terror organization fighting against the Syrian regime, Jabhat Al-Nusrah, which soon pledged *bay'a* (allegiance) to ISI, a merger which transformed ISI into ISIL, the Islamic State of Iraq and

Levant. ISIL quickly extended its territorial control and took over some of the most strategic cities, namely Raqqa, Mosul, Tal Afar and Tikrit as well as the strategic border crossing between Iraq and Syria in Deir ez-Zor. Soon after that, ISIS captured oil fields in Zalah and Batma, which granted it extra financial opportunities. In 2012 ISIL became yet more active in the Syrian civil war, and thus the tendency of the global community to refer to it as the Islamic State of Iraq and Syria (ISIS) grew. ‘Daesh’, another interchangeable term to refer to the terror organization appeared in the public sphere, and it derived from the first letters of words in the original Arabic name of the group: “ad-Dawla al-Islamiyya fi al-'Iraq wa-sh-Sham” (“The Islamic State”, n.d.).

The most important step in IS’ political evolution and rise to power was the self-proclamation of a ‘caliphate’ with a capital in the Syrian city of Raqqa, which was announced on 29 June 2014. This event not only grasped the global attention, but also marked a historical milestone for the group. It was indeed the first attempt in history to establish a caliphate a hundred years after the fall of the Ottoman Empire and the slow dissolution of a religious caliphate by the Young Turks who took over control and secularized the country. By doing that ISIS intended to revive the Islamic tradition of a caliphate, which was a functioning political entity in the history of Islam for almost 1400 years in total. By designating a caliph, Abu Bakr Al-Baghdadi, ISIS wanted to inscribe itself in the caliphal tradition and called upon all Muslims to pledge *bay’a* to the new caliph. Those expectations however were not met to the extent ISIS had wished for, as the global Muslim community rejected that project (“Muslims Against ISIS”, 2014). From that moment on, however, disregarding the global outrage, ISIS took on a global character and rebranded itself as ‘The Islamic State’ (IS), that would continue to ‘remain and expand’ for the next three years until its territorial demise by the hands of a US-led coalition, which started a coordinated military operation in 2014 with the objective to stop the caliphate project of IS (idem).

At the peak of the three-year long caliphate project, IS controlled 10 million people living on a territory of 100,000 square kilometers. The previously developed governing structures allowed the group to effectively manage natural resources and extract taxes from civilians, as well as continue waging war against surrounding enemies. IS' oil revenues in 2014 were estimated to give the group a profit of between \$1-2 million per day, which made of IS the richest terrorist organization in the world. Taxing the local population was a significant source of income for IS, bigger even than oil revenues, ransom for kidnapping, selling antiquities, or foreign donations. It was only the looting and confiscations from civilians and enemies that provided IS with more profit, especially in 2014 (Heißner et al., 2017).

Already in June 2014 German news agencies NDR, WDR and Süddeutsche Zeitung reported a discovery of IS' documents, which were captured by the Iraqi regime's forces, and which revealed the group bureaucratic structures. Apart from listing weapon purchases, suicide missions and names of fighters, as well as expenses of Abu Bakr Al-Baghdadi, those secret documents described the complex healthcare and pension systems. By acting this way IS "wanted to be taken seriously as a state" according to a professor at King's College in London, Peter Neumann (Berning, 2014).

The group established different *diwans* (ministries) that were responsible for various aspect of civilians' lives and held authority over local councils. As Al-Tamimi (2015) observed, the emergence of these *diwans* was an element of centralizing the governance in IS-territories. On top of that centralized governance was the self-proclaimed caliph, who exerted the highest authority and was consulted for the majority of would-be state matters, a role similar to that of totalitarian dictators. Below him were two deputies responsible for the overall management of IS-held territories across Syria and Iraq and they held Provincial Council representatives accountable. Provincial Council, in return, supervised social service delivery in eighteen provinces, including healthcare, which was controlled by *Diwan-Al-Sihha* (The Health

Ministry). That last element resembled the local administration of Western democracies. (Baskaran, 2015).

Throughout this multi-level evolution IS arrived at a stage in which a long-lasting state project was at its reach. According to Zelin (2014), from 2014 onwards IS wanted to present itself as a proper state, by continuing to develop its net of administrative departments, like *dawa* offices, *sharia* courts, Islamic schools, police stations and by providing the population with basic public services, such as the distribution of food and medicine. On the one hand, IS wanted to legitimize itself as a state, and on the other, it wanted to delegitimize the Iraqi and the Syrian regimes. After years of preparing a modicum of governance, IS had acquired a significant control over many aspects of people's daily life in the controlled territories. IS' alleged strategy was to win the hearts and minds of the people by providing them with public services, such as law enforcement, electricity and water, employment, education, media, and finally, health care, however this paper tries to prove otherwise. Contrary to IS' official intentions, the methods of implementation were often driven by violence and terror directed at its own people during the caliphate project. Despite the level of violence that entirely delegitimized IS as a state in the eyes of the West, however, IS garnered a significant popular support and became "the most legitimate player" among Sunni extremist organizations (Oosterveld and Bloem, 2017).

I.III Literature Review

The territorial fall of IS was without a doubt a consequence of the military actions conducted by the Global Coalition Against Daesh, which was established in September 2014. It took the 80 countries, headed by the United States of America, five years and 34,000 air and artillery strikes on IS-held territories. Estimates show that already in 2017 IS controlled only 45,377 square kilometers and 2,5 million people, the latter representing a decline of 56% in Syria and 83% in Iraq compared to 2014. The complex military campaign against IS was nicknamed

Operation Inherent Resolve (OIR) and was a success also thanks to Iraqi Security Forces and opposition groups in Syria. The offensive destroyed cities and displaced millions of people, yet it achieved its goal of depriving IS of most of its territories. It was thus the military aspect that significantly contributed to IS' fall yet IS managed to expand its operating branches to other countries, such as Egypt, Libya, Afghanistan, Pakistan, Algeria, Indonesia and Yemen, once again thriving on the existing social tensions and became harder to target. Many agree, however, that taking the territory away from IS and killing or imprisoning its fighters was merely a step towards its defeat. As the chancellor of the Kurdistan region security council stated: "Isis is about ideology, not fighters or territory" (Chulov, 2019).

Academic and journalistic sources hint at other factors that played its part in the demise of the terror group, spanning from infighting among jihadists (Oosterveld and Bloem, 2017; Mohamed, Neumann 2015); mistakes in military strategy (Chuvoy, 2019; Muir, 2017); ideological incompatibility with local tribes and problems caused by affiliate organizations (Fromson and Simon, 2015); national and international political strategies to fight terrorism (Ehteshami et al.); the loss of main resources of revenue and a blow to its leadership (Alkaff and Mahzam, 2018; Cammack, 2016); alienation of the governed population and popular resistance (Vale, 2020; Fromson and Simon, 2015; Byman, 2016; Stephan, 2015); decline in support among Muslims around the world for IS (Dobbins and Jones, 2017); and finally IS not meeting the expectations of its members who had joined the state-building project from around the globe (Mohamed, 2016), as well as "God's will" as portrayed by the leaders of IS themselves (Chulov, 2019).

A very important aspect that played its role in the fall of IS was the loss of the group's main resources and sources of revenue not only to keep on paying their recruits, but also to provide basic services to the people, which crippled the state-building project. Already in 2016 Cammack (2016) observed that "(IS) was slowly shedding its state" and that "its governance

model is failing” referring to the caliphate. Heißner et al. (2017) also provided a list of six categories of income that fed IS’ devices: taxes and fees, natural resources, kidnapping, antiquities, foreign donations, looting, confiscations and fines, all of which were hindered due to the gradual loss of territories. The authors calculated that between 2014 and 2016 the total income of the terror group fell from 970-1,890 to 520-870 million dollars, which was a substantial drop. With the loss of a significant piece of territories both in Iraq and Syria over the first two years of the caliphate project, IS consequently lost its taxation capabilities and was not able to extract money from people and businesses, along with losing revenues coming from oil fields, two of these being the biggest sources of its revenue. The oil was in a major part used for domestic consumption, but the group also managed to sell it to external parties in neighboring territories. Heißner et al. (2017) suggested that it was due to the control over vast territories that IS managed to sustain itself for so long, as such circumstances created many opportunities of generating income.

The blow to resources was accompanied by a blow to IS’ leadership. As Alkaff and Mahzam (2018) noted, by 2017 “the group has lost all its strongholds including Mosul in Iraq and its de facto capital Raqqa in Syria, and almost all the lands it controlled. It also lost many of its top leaders, commanders, strategists and fighters, with the remaining leaders, including Abu Bakr al-Baghdadi, on the run and in hiding”. The authors asserted that Al-Baghdadi, too, would soon be eliminated. The death of Abu Bakr al-Baghdadi, that indeed took place during an American air strike on his hideout in northwestern Syria, was a significant knock-back for the organization, despite the claim of the Defense Intelligence Agency and U.S. Central Command assessing the death of the self-proclaimed caliph as having “little impact”. The Pentagon quarterly report said that the killing of the leader did not disrupt the group’s command structure and as much as they might be right, other aspects were certainly affected. Surely, this constituted disappointment for those, who after the territorial demise of IS, kept on shouting

the “expanding and remaining” slogan. The second consequence, according to Clarke and Amarasingam (2019) was that affiliate groups became more independent, as the allegiance they had pledged was to the “caliph” Abu Bakr al-Baghdadi, and thus it was no longer valid. The scholars argued that getting rid of the highest authority of IS weakened its control over its partners and that those plunged back into local conflicts that they were occupied with in the first place, which allowed for a further corrosion of the IS project.

Oosterveld and Bloem (2017) argued that infighting between jihadists was a source of weakness to their military operations and might have brought problems into the caliphate’s governance, which debilitated its tactics. Cammack (2017) agreed that splits and fragmentation within IS caused the governance model to fail and thus weakened its state-building efforts. Larsson (2021) added that infighting instances were noticed not only between Iraqi or Syrian fighters, but also between immigrating “Westerners” and that they were mostly driven by personal grievances and differences in mentality. Chulov (2019) called IS a “magnet for would-be jihadists” and underlined that IS often unilaterally claimed control over other terror groups, giving the example of Abu Bakr al-Baghdadi declaring the al-Qaida-aligned Jabhat al-Nusra joining the cause of IS, which turned out to be an exaggeration.

Those internal conflicts led to mistakes that IS made along its military campaigns, as Muir (2017) suggested. For example, in December 2015, which was a bad period for the group in terms of losses, IS lost hundreds of fighters due to an attack east of Mosul. Another costly mistake was the attack on the Kurdish city of Kobane in 2014, which in the words of Chulov (2019) was “more of a show of strength than a strategy.” In that operation, which was countered by American air strikes, IS lost around 1,500 fighters and did not really gain anything in return. According to Maher, cited in Chulov (2019), through using a big number of men for this operation, IS intended to show the world its military potential.

In a brilliant article by Fromson and Simon (2015) the authors argued that IS' Sunni tribal support in Iraq and in Syria was key to its military successes, however, the scholars agreed that it was a difficult partnership, as tribesmen were attracted to IS mostly because of their common grievances against the Shiite Assad regime in Syria, and the Shiite governors in Iraq. They did not see any other alternative. According to a former Iraqi army general Moataz al-Hiti, "the Baghdad government has failed for years to convince Sunnis in Iraq that it represents them and that it does not seek to humiliate and kill them" (Mushreq, 2014).

Yet a long-term collaboration between tribes and IS was, according to many, impossible. The reason behind it was that tribal social structures were in conflict with IS' aim to have a full control over people's lives. General John Allen suggested in 2014 that "there will come the time when ISIS cannot tolerate the tribal structure within ISIS territory" and added that "ISIS will turn on the tribes as sure as the sun will come up tomorrow" and added that "the tribes recognize this in a very real way, and I think, within their own capabilities, we are already seeing tribes that are rising up against ISIS." Fromson and Simon (2015) also added that IS repeated its mistakes from 2006-2008, when it failed to build a state. They gave three reasons for that and suggested that they aligned with reasons behind Al-Qaeda's failure, namely: alienation of the governed population, animosity from the local tribes and a powerful coalition of enemies. It was thus the repression of tribesmen, their harsh treatment and brutality for breaking IS rules, as well as disrespecting tribal traditional prerogatives that led to the discontent among the tribes and the loosening of the ties between them and the terror group.

Another element that added to the failure of IS was the conflicted interests of its affiliate groups. According to Byman (2016) "not all affiliates (of IS) are obedient servants". For instance, the Egyptian affiliate Sinai Province, bombed a Russian airplane in revenge for its air strikes in Syria ("Egypt's Sisi accepts", 2016). That move, however, was not consulted with IS, and it led to Russia intensifying its military efforts against the group. By making allies, IS

automatically made new enemies. Also in Afghanistan, the Taliban, who pledged allegiance to IS, had its own interests in conquering the Helmand Province and disregarded the consequences it might have brought on IS. Once again, similarly to the tribal structures, affiliate groups' structures often did not fit into the bigger IS' picture. Through maintaining their leadership and goals, they became difficult to manage and might have cost IS more losses than gains, as Byman (2016) noted.

Differently from other terrorist groups such as Hamas and Hezbollah, IS was quite disconnected from the local communities and alienated the people it governed in the controlled territories across Iraq and Syria. A hyperbolic use of violence was exercised towards those who went against the imposed pseudo-religious rules, committing, for example, adultery, apostasy or impiety (Vale, 2020). This high level of violence was a tool of deterrence of any possible resurgence. It did not, however, stop the oppressed from fighting back. Vale (2020) brought to the failure of IS yet another aspect, namely the nonviolent resistance of two particular groups – Yazidi and Sunni women. According to this scholar, nonviolent mass protests carried a high risk of the regime's retaliation, yet it did not stop civilians from rebelling against the terror group. She agreed with Stephan (2015), who said that “spontaneous outbursts of protest activity [led] to small victories in ISIS-controlled parts of Iraq and Syria”. That author claimed even that it was through humor that IS could be defeated, by stating “humor can be a powerful weapon. Daash [ISIS] rules through fear. If we can make people laugh at them, we break through the fear barrier” (Stephan 2015). Fromson and Simon (2015) claimed that indeed, IS' governing strategy was very much based on extreme violence, extraction and alienation, which not only characterized the group in the caliphate period, but also in the 2000s, and so the authors claimed that the group did not learn on its own mistakes. According to them, what further exacerbated the alienation of local populations was the combination of an apocalyptic ideology, brain drain in workforce, and economic blockades imposed by regional players, which directly

hit IS' resources and limited the wealth opportunities that some new members of IS joined the group for. Protests indeed occurred under IS' rule and Byman (2016) recalled a situation in which residents opposed IS' idea to set up a shop in Darnah in 2014 and were supported by the group's rivals in the region. Moreover, IS relied on the local people to spy on those who did not follow the imposed rules and to report back to the terrorists, but as Byman (idem) rightfully said "(...) the best way to gain leads is to work with the communities themselves; the less they feel alienated, the more likely they will be to report any troublemakers in their midst."

Probably one of the most important reasons behind the internal decline of IS was the disappointment that the group brought to many of those who had decided to join their cause and emigrate from countries across the globe. Thousands of fighters and their families emigrated to Iraq and Syria to fight with the Islamic State, yet the trend slowed down with time. The director of the International Centre for the Study of Radicalisation at King's College London, Shiraz Maher stated that with the loss of territories, foreign terrorist fighters' influx gradually slowed down, which added to the group's fall: "The caliphate as a go-to destination started to drop away from 2016 when the campaign to retake Isis territory intensified and the group began being pushed back in places like Mosul" (Chulov, 2019). The group's senior leadership told people to no longer travel to join them, but to instead conduct attacks at home. That change in emphasis was quite significant. After that, "the group's loss of territorial control accelerated and its appeal was further diminished." (idem). Neumann (2015) gave a list of factors, that closely related to the alienation of local populations and growing tribal animosity towards the group. Among the most common motives for leaving the Islamic State were infighting, brutality against Sunnis, corruption and un-Islamic behaviors, as well as quality of life. In online propaganda prospecting jihadists were promised money, comforts, living under the Islamic law. Instead, what they often experienced was living in poverty, hunger, and being subdued to cruelty or dying in the name of the Islamic State, often without being able to

withdraw. Those, who joined the caliphate for materialistic reasons were among the most disappointed ones. Neumann (idem) claimed that a “small but significant number of defectors” found it hard to cope with power shortages and not having access to basic goods. Others, deserted upon learning that they might be sent on a suicide mission to become *mujahideen* (martyrs). IS intended to stop followers from defecting, by preventing them from getting out of the controlled areas, and making sure that defectors knew that, even if they managed to escape, they would need to live in hiding in fear for IS’ punishment. Finally, it was also the consequences that IS members met when returning to their countries of origin, namely prosecution and imprisonment that impeded them from withdrawing from the terror organization. Foreign fighters were the backbone of the state-building project of IS and their weakening support was reflected in a faltering legitimacy of the caliphate, both locally as well as among international followers.

It is interesting to mention what kind of argumentation IS’ leadership used to explain the decline of the group’s caliphate. As Maher said: “Isis has explained away the loss of its caliphate in two ways, the first is by pointing to divine providence and saying that it is the will of God. Either God is punishing or testing the caliphate by afflicting it with trials, but either way, they tell their supporters, the only suitable response is to double down in your devotion because that’s what God would want” (Chulov, 2019). This “will of God” was a mean of justification for many atrocities IS committed, yet their version of Islam was often criticized by the global Muslim community.

Researchers have thus provided readers with many factors correlated to the disintegration of the Islamic State from within, all of which were to accelerate the loss of the lands held by the group in consequence of a military offensive. What has not been thoroughly researched yet is the role the failed health care system played in IS’ demise. There have been several articles written specifically about IS’ healthcare, most of them focusing on the

challenges that this system met, and the solutions IS leaders took to face them (Al-Tamimi, 2015; Baskaran, 2015; Bedolla and Bedolla, 2016). Journalistic sources have given more attention to the influx of foreign doctors into the “caliphate” (CMAJ, 2016; Gardham, 2015) and the attempt of the group to copy the British National Health Service (NHS) by promoting the Islamic State Health Service (ISHS) in propaganda materials (Joseph, 2015; Bacchi and Limam, 2015; Winter, 2015). Others have conducted research on the ground and analyzed the cruel methods IS used to control the hospitals and impose their pseudo-religious rules (Cunningham, 2014; (Michlig et al. 2019). Moreover, a report by Minority Rights Group International analyzed the impact IS’ military offense had on the access to healthcare in Anbar province of Iraq, specifically regarding women (Puttick, 2015). Another report by The Center for Public Health and Human Rights (CPHHR) was based on the experiences of 27 physicians and dived into the health care crisis in Syria in the early 2014, before the self-declaration of a caliphate by IS (CPHHR, 2015). These sources, however, did not link the demise of the Islamic State or governance issues to the crippled health care system. Filling this research gap might help understand the group’s governance problems and challenges. By looking at IS’ healthcare through the necropolitical theoretical lens developed by Achille Mbembe and based on Michel Foucault’s biopolitics, the aim of this paper is to demonstrate the causality between the health care failure and the decline of the territorial IS.

I.IV Methodology and Sources

This study is based on a qualitative approach, which consists of an in-depth exploration of the Islamic State documents. The reason behind the choice of such an approach is due to the scarcity of statistical data, and thus a quantitative research seemed unmanageable. This scarceness stems from the inaccessibility to Islamic State’s documents and their attempts to avoid their documents becoming public. It was only with the territorial demise of the group

that the American-led coalition and especially the Syrian Democratic Forces (SDF) started discovering documents containing data of fighters and the population, in retaken lands.

This qualitative and deductive research is based on a close reading of primary sources which include documents issued by the Islamic State and gathered by Aymenn Jawad Al-Tamimi. This independent researcher collected documents on public services, education and religious life of IS, mostly in the Ninawa province in Iraq, and who made them available in his open-source online archive. Among tens of documents 23 examples were related to the healthcare domain. The choice of documents was based on a keyword search for words related to health, such as “doctor”, “hospital”, “pharmacy” and “medicine”. The collected documents include structures of reformed medical universities, ultimatums calling on physicians to return to IS-controlled areas, a medical ID for fighters, regulations for pharmacies, birth certificate forms, travel permit for medical reasons, and a fatwa deciding on the possibility of male doctors treating women in specific situations, etc.

Other supporting sources used for the purpose of this research were reports of international organizations, journalistic articles and academic analyses. Not only do they provide a better understanding of the health care situation under IS, but also give examples of decisions taken by IS governance to meet the challenges, which were driven by necropolitical forces. The theoretical analysis tool was elaborated on the bases of Achille Mbembe’s book “Necropolitics”, as well as Michel Foucault’s milestone book entitled “The History of Sexuality. Vol. 1: An Introduction”.

The aim of such an approach was to use mixed sources in order to have the full picture of the health care system of IS and capture the necropolitical instances in IS governance. As this paper focuses on the treatment of ‘Self’ within IS ideology, the choice of this method and diverse sources aims at providing an understanding of the self-conception of the function of health care by the terror group, which can be drawn from official documents issued by the

group. The scarcity of primary sources, which as mentioned before, having been either destroyed by the group or in military operations, or not yet found is what limits the research. Another obstacle in studying the IS' healthcare occurs on a linguistic level, as all issued documents were written in classical Arabic. This research is thus mostly based on the English translations provided by Al-Tamimi, but the author of this paper has consulted the original Arabic primary sources.

The paper is divided into four chapters. After the introduction follows the presentation of the theoretical framework, which is based on the juxtaposed works of Michel Foucault's concept of "biopolitics" and Achille Mbembe notion of "necropolitics". The next chapter is an overview of the dire circumstances in the health domain across Iraq and Syria under IS rule it lists challenges that revealed the group's weakness in governance. The fourth chapter is an empirical one and it contains a necropolitical analysis of the Islamic State's healthcare policies based on the Islamic State's documents, which is followed by a conclusion part that provides an answer to the aforementioned research question.

Chapter II: Theoretical Framework

II.I Birth of Biopolitics

Current political practices, such as the Islamic State's governance and brutality, can be observed by the works of the French philosopher, Michel Foucault (1925-1984). In late XX century he coined the terms "biopolitics" and "biopower" to define the "power that exerts a positive influence on life, that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations" (Adam, 2017). The term "biopolitics" was first merely mentioned during the French philosopher's lecture in Rio de Janeiro in Brasil in 1974. Then, on March 17, 1976, at the Collège de France he used another, related term - "biopower". According to Foucault, biopolitics and biopower, were forces that shaped modernity and thus only through their lens could power relations on the governance level of states be understood (Taylor, 2011). By coining these terms, he created a theoretical lens that allowed researchers to look at governance from the perspective of life. Biopolitics have since been used to observe that sort of politics that enhances the quality of life of people, its comfort and its length, but on the other hand pushes other people in demeaning conditions, allowing them to survive or forcing them to die. In other words, it is politics of redistribution of life and death.

Cisney and Morar (2015) pointed out that biopolitics occurred on two echelons, one of them being located on the microlevel, and the other, on macrolevel. On a microlevel, the human is seen as "a machine, complete with functions and utilities, inputs and outputs, predictabilities and precisions" and designed to contribute to the state in the domains of war, education, medicine and labor. In a bigger scale, on a macrolevel, people form a global mass, which are inherent to such features as birth, death, production and illness. Biopolitics is thus the kind of

power that governors execute over life of entire populations, not solely over life of individuals. As Kelly (2021) puts it, “biopolitics is about the control of entire populations”.

In this light, the governor has the right and capacity to execute biopower on his or her subjects and decide who among them should live and who should die. By managing life, he or she preserve their capacity to execute power. Adam (2017) opposed biopower to sovereign juridical power and called it “a power to foster life or disallow it to the point of death”. Cisney and Morar (2015) talked about biopolitics similarly: “the sovereign is in a position to endanger the lives of his subjects – in cases when society is threatened, he may put them in harm’s way to defend its (or his) security; and he is also in a position to terminate their lives – in extreme cases when they blatantly transgress the laws of the sovereign or directly (or indirectly) threaten his life or the life of his subjects. The sovereign’s power over life is thus the power to let live or to make die” (Cinsey and Morar, 2015). Such features might be most familiar when talking about totalitarian states, where dictators rule for decades and in order to stay in power, they wage wars, and eliminate their political opponents to stay in power.

Foucault built his theory on Hegel’s model on the relation between life and death, which was a two-fold concept. According to Hegel, one hand, humans negated nature by subjugating it to their needs, and on the other, the negated nature was transformed through work and struggle. By drawing from Hegel, the French thinker argued that if humans were able to subdue the kingdom of animals and plants for their own benefits, they might as well do the same with other humans. Through putting it on a societal level, Foucault viewed societies as characterized by the coexistence of self-institution and self-limitation, which meant that people would, from their own will, deprive themselves of the right to govern their own lives in exchange for security and well-being (Mbembe, 2019, p.67-68).

The governors that are driven by biopolitics and biopower, exert their authority directly on the whole of the society. Foucault put forth possible manifestations of it on a society level:

“the regulation and tracking of birthrates, death rates, fertility rates, economic and poverty statistics, infant mortality, average longevity, and disease, as well as of the various factors that influence these aspects, operate within a power centered not on the individual living body but on the species-body” (Cinsey and Morar, 2015). All these measures are meant to track life of humans in its many forms for the ruler to be able to manage it as yet another resource, next to money, workforce or food.

Even though Foucault tended to underline the positive side of biopolitics, he also mentioned its darker side and talked about how some regimes wanted to protect their nation, or a social class by weaponizing biopolitics, like the Nazis or Stalinists, who exposed whole populations to death, using racism as a means of justification. Pele (2020) also noticed that Foucault connected global racism with the colonialism and how the XVI and XVII centuries’ “colonializing genocides” in America were justified as an inherent right of the colonial powers.

One of the methods to redistribute life is war. Foucault debated that war played an important role in governance, yet he stated that it was not the ultimate expression of sovereignty, to which societies should aspire. According to him “The ultimate expression of sovereignty comprises a society that is free and possesses equal rights.”. He also added that “(...) the subjects are capable of self-representation and between them and those who hold power is a relation of communication and recognition” (Mbembe, 2019). Speaking of war Foucault added that it undermined the society as a whole by polarizing it.

Both of the terms “biopolitics” and “biopower” were eventually replaced by Foucault with “governmentality”. This new concept was a semantic merger between the terms “government” and “mentality” and encompassed the whole of “institutions, procedures, analyses and reflections, calculations and tactics” that enabled governors to exercise their power over the population. In his article about the Islamic State’s governance and violence, Mello (2018) observed a parallel between governmentality and the group’s efforts to

consolidate authority, transform the society and impose security measures that would assure its survival. This paper, however, focuses on the early works of Foucault and his early ideas of “biopolitics” and “biopower” and its obscurer side “necropolitics”, yet “governmentality” seems like yet another promising lens to look at the governance of the Islamic State.

II.II Necropolitics

This often-positive force that intends to improve the quality of people’s lives at the cost of having a full control over them, may also take its deadly form. In 2003, Achille Mbembe a contemporary francophone Cameroonian philosopher wrote a phenomenal essay entitled “Necropolitics”, in which, drawing from Foucault’s concept of biopolitics, Franz Fanon’s psychology of colonialism, decolonization and masculinism, as well as Agamben and Esposito’s critics of Foucault (Breu, 2020), he tried to understand current trends of militarization, enmity within societies manifested with racism, and the resurgence of global fascist and nationalistic movements. It is noteworthy that Mbembe did never discuss the issue of IS in his writings. In the context of the Middle East, he shared many of Edward Said’s (author of “Orientalism”), views on the power relations between the West and the colonized world.

Mbembe’s article on necropolitics was an explanation of how democracies were forced to embrace their dark side. Mbembe became an heir to Foucault’s theory on governance but represented the more pessimistic aspect of it. Later, in 2016, he wrote a book entitled “Politiques de l’inimitié” (The Politics of Enmity), which was translated into English in 2019 as Necropolitics, in which he developed his concept that has been used since to understand many social and political phenomena around the globe and is becoming more relevant with the rise of authoritarian powers, such as in Belarus, Russia and China.

In his works he wrote about imperialism, colonialism, and slavery plantation as those phenomena that were crucial to the understanding of necropolitics, and thus biopolitics. For

Mbembe, places such as refugee camps, prisons, or slums are the symbolic sphere of where the “unwanted people” live in a perpetual pain. He calls those people the “living-dead” living in “death-worlds”. (Mbembe, 2003, p. 40). In that sense he differs from Foucault, who focused more on the positive side of biopolitics and how states intended to improve the quality of life, but the latter at times also mentioned the dark side of biopolitics. Another thing that differentiates Mbembe’s theory from the Foucauldian one is his perspective on war. In his view war was “a means of achieving sovereignty as much as exercising the right to kill”, whereas Foucault focused on the discipline of individual bodies in the military science. What is more, discipline, which was very important in biopolitics, plays a different role in necropolitics. In the former it is used to surveil the masses, in the latter it is rather used to maximize the utility of people, to which Pele (2020) gives an example of sexual slavery, which is strongly linked to the context of IS. Just like in the case of biopolitics, necropolitics could occur both on the societal level, but could also affect the everyday life of individuals, which Mbembe called accordingly, “hydraulic racism” and “nanoracism” (2003, p. 57-65).

When Mbembe (2003) coined the term “necropolitics”, he suggested it should replace “biopolitics”. This paper argues that they cannot be replaced, as even though they are at instances synonymic, they are polarized, as if they were two different sides of the same coin. In this light, throughout this research, the term “biopolitics” and “biopower” will be used in its positive and neutral sense, while “necropolitics” and “necropower” will describe the negative aspect of this political force.

II.III The Paradigm of Politics of Death: Coercion, War Machine and State Racism

Through reading Mbembe’s literature, one can come to the conclusion that the politics of death were built up of three devices creating a type of theoretical paradigm: coercion, war machine and state racism, which is a simplified version of Pele’s (2020) elements yet encompassing the most important aspect of necropolitics. The first element being the way of the governor of

imposing rules on the society and normalizing it, the second being the form of a socio-political organization of which role was to do that, and the last one being the dividing lines within the society that allowed for the execution of necropower, while justifying the accompanied violence.

Coercion as the means to force someone to do something by using violence or threat is often monopolized by the state and is exerted on the population. The most common practice is taxation, which makes individuals contribute to the budget of the state and encouraging them to do so by the threat of a fine or other way of punishment. It is, in the words of Cisney and Morar (2015) “the right of seizure: of things, time, bodies, and ultimately life itself”. What they mean by that is that there exists a social contract, in which a part of the population agrees to be coerced in exchange for security, stability and peace. “All of this operates under a perceived economy of subtraction, where the most visible manifestation of authority resides in the sovereign’s power to take whatever possessions he wants or needs from his subjects, up to and including their very lives” (Cisney and Morar, 2015, p. 2).

There are however states in which the monopoly over coercion and violence cannot be claimed by the governors and is rather spread throughout different groups. Mbembe (2003, p. 32) gives the example of many African countries that lost that claim, and where the right to coercive violence was claimed by urban militias, armies of regional lords, private security firms, or state armies that are not necessarily obedient to governors. Those groups restored to two coercive resources, one of them being labor, and the other minerals. One of their ways to execute coercion was state terror, state violence in its radical form. By imprisoning political enemies, killing them, shooting, torturing, or intimidating them economically, states repressed populations in order to avoid having to confront popular rebellions or movements. Those new socio-political organizations are called “war machines”.

War machines, a concept initially coined by Deleuze and Guattari (1987), and incorporated into Mbembe's concept on necropolitics, are pre-modern and pre-state social forms that emerge in the opposition to the states. Their nature, sense of justice, way of being, or form of morality are incompatible with the state apparatus. So is their organization that cannot fit into the structures of the present society and thus they intend to change it. Examples of such social movements are street gangs or street protests, but also clans, and they don't necessarily need to recur to violence. According to Deleuze and Guattari (idem), even ideological, scientific and artistic movements can become war machines, as an alternative way of thinking to that of the state. As the authors claim, "every time there is an operation against the State, insubordination, rioting, guerrilla warfare or revolution, (...) a war machine has revived" (idem). They emerge from the societies as a sign of discontent and an exteriority of thought and struggle against the state, which is seen as a capturing body, while the war machines are the resisting organisms. These dynamics are what forces states' capturing capacity to be strategic and tactical in their extraction methods.

It happens that war machines can take their extreme forms and use extreme violence. "War machines work through different technologies of destruction: technologized, efficient, immediate ones, mirroring the ideologies which shape our world" (Dragos, 2020). Mbembe (2019) talked about war machines in the African continent, that emerged in the late XX century in reaction to the postcolonial reality. As the states failed to create a political and economic order, irregular groups of armed men took matters in their own hands and took away the monopoly over coercive violence from the states. Widder (2018) pointed out that they often emerged from segments within the state itself and tried to appropriate it. Their emergence was, however, never spontaneous and was instead driven by calculations and premeditation. Foucault (1980) and Deleuze and Guttari (1987) would agree that the emergence of war machines is "intentional but nonsubjective". In terms of Mbembe (2019), "war machines

rapidly become highly organized mechanisms of predation, taxing the territories and the populations they occupy, and drawing on a range of transnational networks and diasporas that provide both material and financial support”. Those new socio-political bodies that resembled something in between political organizations and mercantile companies, arose in direct opposition to the state and operated through capture and predation, built international networks to be able to export natural resources, and even coined their own currency, which is a function immanent to a state. Sometimes they collaborated with the state to achieve their own goals, became autonomous from it, or even were eventually incorporated by the state apparatus, which produced them in the first place.

In their most brutal forms, they turn to killings and other coercive actions, and they do that especially when they wanted to gain access to natural resource. War machines can displace or murder masses of people, creating victims, refugees, slaves, child soldiers and rebels. As Mbembe (2013, p. 34) put it “war machines exercise an unprecedented form of governmentality: the extraction and looting of natural resources by war machines goes hand in hand with brutal attempts to immobilize and spatially fix whole categories of people or, paradoxically, to free them as a way of forcing them to scatter over broad areas no longer confined by the boundaries of a territorial state.”. Operating through capture and predation, they are characterized by mobility and deterritorialization, capability of metamorphosis and adaptability to different circumstances, which facilitated their military actions.

War machines are moreover doomed to failure. As they are not driven by discipline, which is characteristic to regular armies, yet they do borrow from them on the level of strategies, people, etc. they revive the sentiments of individualism and the questioning of hierarchy. They are built on threats and betrayal, and they are perpetually internally conflicted, which weakens their structures, and hinders their long-term existence, let alone state-building efforts (Deleuze and Guattari, 1987, p. 358). Widder (2018) noticed that a war machine

“functions off its own frictions, and thus it works only by breaking down”. These specific socio-political organizations create an alternative reality to the states and turn to necropolitics in order to manage the populations, just like a state would do.

For the dark side of biopolitics, or necropolitics, to be executed, society must be, in terms of Foucault and Mbembe, divided into necropolitical subgroups, which will either receive the vital benefits from the powers that be or will be put at risk of death. Those dividing lines do not run across any territorial border, but do so deeply within the state, and create what Foucault would call “state racism”. This notion is strongly based on the idea of the “Other”, a symbolic enemy that governors choose to design in order to distribute death in the population. “There is a need for a dividing line between who is to be ‘made to live’” as Foucault (1980) puts it, “and who is to be killed or simply allowed to go on living indifferently”. Racism is nothing but a “device used by the governing bodies to decide who should receive the benefits of biopolitics and who is to be exposed to the risk of death” (Kelly, 2021). Those racial lines do not necessarily need to demarcate groups of for example white, and black people, but might as well split the society into men and women, heterosexual and homosexual, indigenous people and immigrants, where the State awards one group, and it discriminates on the other, which is excluded from the society, or exposed to the “risk of death”, even if only in its social sense. Grzinic (2012) gives an example of modern Slovenia that uses racism as a tool to produce a cohesive national identity, by trying to mute the narratives of migrant or gay intellectuals’ contributions in culture, art or literature, and thus the state racism runs there along diverse lines. In the terms of the Slovenian philosopher, “racism is the lingua franca through which the social and political spaces of Europe are articulated in global capitalism today.”

There exists a close relationship between biopolitics, necropolitics and racism. According to Foucault (1980) the “race war”, as he also used to call it, was permanent and that it went back to the historical beginnings of the society. He attributed it mythical elements,

claiming that societies always believed in the dichotomous conflict between good and evil, or pure and impure, which created heroes and martyrs. He claimed that from the societies' perspective in this perpetual war, there might only be one victor. The French thinker pointed to Nazi Germany as one of the states that weaponized racism, by using eugenics in the early XX century to improve the health of the population through selective breeding. As Grzinic (2012) noticed "racism served as the basis for organizing a state".

Parallelly to Marx's idea of an eternal conflict between social classes, Foucault and Mbembe talked about a biological caesura drawn between the ones and the others. Mbembe, being a black man himself, noticed that racism infiltrated the Western political thought and practice, especially if it is about the rule of foreign peoples. He stated that "racism is used to regulate the distribution of death and to allow the killing by the state.", while Foucault linked racism to the exercise of biopower. Mbembe criticized Foucault for drawing the racist line solely between actual races, instead of noticing that biopolitics goes deeper within the society. Along those lines, also Howell and Richter-Montpetit (2019) criticized Foucault, calling him Eurocentric and accusing him of disregarding racial-sexual terror in modern times.

Howell and Richter-Montpetit (idem) noted that the effect of state racism is that "whole populations are subjected to detention, incarceration, state-administered spectacular forms of corporal punishment, such as police beatings, rape, shock treatments, or death row". It also hinders social relations, creates hierarchies and attributes uneven legitimacy to different social groups.

II.IV Examples of States Driven by Necropolitics

Necropolitics is not inherently related to totalitarian or authoritarian regimes, as it also occurs in democratic countries around the world that struggle with internal ethnic conflicts. One of those countries is Israel, which since its establishment in 1948 has been in perpetual social

conflict. Due to the polarization within the society, the existence and the activities of extremist groups, and the difficult geopolitical situation, the state of Israel has used necropower in order to provide security to its citizens and guarantee the survival of the state itself.

According to Mbembe the occupation of the Palestinian territories, along with the Israeli settlement movement, is how necropolitics of Israel manifests. It is noteworthy that the Cameroonian philosopher was accused by the German courts of antisemitism in 2020 (Abudsalama, 2020) and his works were reanalyzed from this perspective and a German Peace Prize winner Aleida Assmann defended him by saying that comparisons that he made should not be treated as equations (Peschel 2020). Also in this paper, the example of Israel followed by the example of Nazi Germany, is conjured only in order to show the different forms that necropolitics can take with no intention of comparing the two.

Mbembe's argument was based on the supra-territorial fragmentation of Israel, which occurred on two levels. The first could be observed on a geographic, yet contested, level, between the Israelis and Palestinians, who inhabit the Gaza Strip and the West Bank. The second is to be found among the Palestinians themselves, specifically in the West Bank, of which complex terrain built of hills and bodies of water, allows for multiple separations of the people. This two-fold separation does not only render their movement between cities and villages more difficult, but also splits the Palestinians politically, disconnecting them from one another and in consequence, impeding them from creating a community that would be able to rebel (Mbembe, 2019, p. 27-28). Mbembe sees here a resemblance with the case of slavery plantations, where separate worlds existed, and disconnected slaves did not manage to rise in revolt. The author explains how infrastructural warfare further deepens this fragmentation allowing for a separation between the Israelis and the Palestinians, by the construction of roads that allow the former to move freely around the land, while not facilitating the same to the latter. What adds to the necropolitical attitude of the State of Israel in the eyes of Mbembe is

the state's policy of destroying Palestinian infrastructure by cutting electricity in the West Bank, demolishing public facilities and looting medical equipment from hospitals. This two-fold territorial fragmentation, facilitated by the geographical features of the region, depicts an image of power relations between two populations, one of them being on top, the other one pushed onto the losing position.

A state, which could be considered the archetype of necropolitical-driven governance was the Nazi Germany, which exercised necropower to its fullest. Foucault referred to it as “the most complete example of a state exercising this right (the right of sword)” and qualifying it as “a murderous state, racist state and suicidal state.” (Mbembe, 2019, p.71). The manifestation of necropower within Nazi Germany was abundant, beginning from prohibiting abortion to “fit” women, the persecution of political enemies, to the killings of homosexual people. Yet, the culminating point in the exercise of necropower was the genocide of Jews, through the systematic annihilation of this social group and its religious and cultural identity and the horrifying practice of concentration and extermination camps. Mbembe (2003, p. 12-13) called the death camps “the central metaphor for sovereign and destructive violence and (...) the ultimate sign of the absolute power of the negative.” According to Foucault, the Nazi state justified its right to kill with the necessity to manage, protect and cultivate a healthy society. Mbembe (2003, p. 18) argued that the historical reasons for the Nazi's extermination campaign were to be found in colonial imperialism, which allowed the split of the society into the civilized ones (the working class) and the savages (the stateless people). Foucault (1980) suggested that Nazism, as well as Stalinism, amplified already existing sentiments and movements in Western Europe, such as health regulations, eugenics, and social Darwinism. What Nazis did was to exercise their power outside the law waging a perpetual war against the “Other”, which in the end resulted catastrophic for the “Other” and did not bring the expected results to the “Self”.

Chapter III: The Failure of Diwan Al-Sihha

Academic and journalistic sources concur that IS' healthcare politics were a total disaster and that it did not provide health security to the society. Al-Tamimi (2015) asserted that "of all departments, the IS Diwan al-Sihha is arguably the least impressive" Boussel (2020) insisted that "already in 2014, Daesh paid little attention to this (health issues), apart from managing the day-to-day business of hospitals in Mosul and Raqqa". Baskaran (2015) harmonized with them, saying that IS-run healthcare was an "utter disaster", but suggested that the group showed respect to healthcare, and attempted to create a healthcare system that would compensate for the destroyed infrastructures in Iraq and Syria, alas it failed. He later branded the overall administration of the Islamic State as "an ineffective totalitarian dictatorship", admitting that despite some efforts, IS failed to create a system that would deliver to the society. The overall narrative of the very group about its healthcare was along the lines of it being a "good system" but even at some point IS itself admitted that it was not doing very well in the health domain, which was inconsistent with its propaganda campaign aimed at the recruitment of foreign doctors (Tarabay and Kaufman, 2015). Yet, some people living under IS' control believed that IS' capability to deliver social services and regularly pay the doctors' salary made them better governors than those of Syria and Iraq (Friedland, 2015). Little did they know that for a long time the salaries were being paid by the central governments of the respective countries. What authors do not talk about is the discriminative attitude of IS' healthcare towards the controlled people, which might have contributed to the failure of IS' state-building project.

The aim of this chapter is to present the challenges of IS' healthcare system, including the lack of medical staff and equipment, and the response of governors to those problems. By demonstrating the ineffectiveness of IS' politics and their discriminative nature, the goal is to show the necropolitical forces hiding behind the governance's decisions. This will be

concluded with an analysis of the effects of the mishandling of the system, that is outbreaks of three infectious diseases, Polio, AIDS and Leishmaniasis, which are significant phenomena, especially in the context of the approach of the group towards the Covid-19 pandemic that was studied by Daymon and Criezis (2020). Another aim of this chapter is to map out, on the basis of secondary sources, the administrative struggles of healthcare, as background for the primary-source empirical chapter that will follow.

III.I Brain Drain

The condition of IS' healthcare system governed by Diwan Al-Sihha can be assessed based on the challenges the group faced in the domain of health and the way they dealt with them. In his Critical Analysis of the Islamic State's Health Department paper, Al-Tamimi (2015) discussed two main challenges that the terrorist organization had to face in the health domain on the resource level. First of them, and probably most problematic, was the lack of medical personnel, in other words a "brain-drain", which was followed by lack in medical supplies and innovation.

What caused the problem of insufficient manpower was the targeting of medical infrastructures by the terrorist organization during its territorial expansion that culminated in 2014 followed by a mass exodus of physicians from the occupied lands. According to the World Health Organization's report from 2014 only 10% of all medical staff in certain regions of Syria remained after IS' military offensive, creating a terrifying ratio of physician-to-patient of 1:500,000 (Al-Jadda, 2014). Those who stayed, were subjected to a new reality based on pseudo-religious dogmatic beliefs. Any expression of antagonism towards the Islamic State or its fighters was met with severe punishments, including death. The newly imposed *sharia* rules prevented, for instance, male doctors from tending to female patients and vice versa, as well as female doctors and nurses from entering the hospitals without being fully covered, which

inhibited them from performing efficiently, as some of them declared. These necropolitical measures will be discussed in the last chapter. As one report from Mosul suggests “in hospitals and government departments, some of the few places where women are still permitted to work, ISIS inspectors ensure that staff members are adhering to the dress codes, which includes the face veil and gloves for women” (Puttick, 2015). What exacerbated the problem was the worsening situation at the hospitals in the Iraqi city of Mosul, where the health system was more advanced than elsewhere in the territories controlled by IS. There too, however, the medical facilities struggled with power outages imposed by the government in Baghdad, as well as shortages on medicine supply caused by Shiite militias and Kurdish peshmergas cutting off the access to the city by controlling the roads (Cunningham, 2014).

In response to this brain drain crisis, Diwan al-Sihha had a three-fold strategy. To begin with, it insisted on the medics who had left the territories to return, and in the second place, it encouraged foreign physicians to emigrate to the Islamic State to join their cause. Both of these strategies were met with some obstacles. After continuous futile calls for the medics to return, the Health Ministry issued a series of ultimatums to all sorts of medical staff, including doctors, dentists, pharmacists as well as medical and nursing professors and administration workers. Those were to immediately leave Europe, or as they called it, the *Dar al-Kufr* (the land of nonbelievers), “return to their areas and take up their employment posts immediately” and were given 30 days to do so under the threat of the confiscation of their real estate properties. The confiscation of properties by IS was a common practice and an investigation by Shemdeen and Dhahi (n.d.) found that thousands of houses and apartments belonging to public servants were confiscated and either sold or rented after 2014, which might suggest that properties of the medics who fled were also seized. Despite Al-Tamimi’s (2015) claim that only about a dozen medical professionals migrated to the Islamic State, the real effect of these ultimatums remains

unknown, however the fact that sources remain silent about the return of medics might indicate that those threats were indeed not met with an expected reaction.

In further efforts to fill in the gaps in the medical staff that IS inflicted, it waged a propaganda campaign in the media inciting physicians from around the world to migrate to the Islamic State, one of the methods being the aforementioned promise of an NHS-like system. In a propaganda video a physician talked about doctors from Russia, Tunisia, Sri Lanka and Australia that allegedly responded to the call of IS (Bedolla and Bedolla, 2016). Other sources declare the migration of British and Saudi Arabian doctors (“Saudi doctor who joined ISIS”, 2014; Zambrana et al., 2015). The problem with the newly arrived doctors in IS was that they did not have the sufficient experience in treating battlefield wounds, expertise on which IS was counting most, as it wanted to carry on with its military actions.

Another strategy of a more long-term nature IS used to fill in the manpower gap was the training of new medical students. IS established a new medical college in Raqqa with the attempt to raise the level of the Syrian city to that of the Iraqi Mosul, famous for its medical university, inciting high school graduates to apply to study medicine. Within that context, to help solve the issue of low numbers of female doctors, which was a particularly big problem, female students in their last year of engineering at the university in Mosul were transferred to the medical colleges and thus forced to rethink their career aspirations. Women were encouraged to study different domains of medicine, such as dentistry, pharmacology or nursing (Al-Tamimi, 2015). The territorial fall of IS obstructed, however, the implementation of this academic project and rendered the observation of its effects on the healthcare situation in Syria and Iraq impossible.

III.II Deficiencies in Medical Supplies and Innovation

The following biggest problem after the brain-drain, was the lack of medical supplies and innovation, which impeded the group from conducting complex surgeries but also from treating

simple wounds. Bedolla and Bedolla (2015) made an observation that “ISIS is exhibitionistic about any resource it possesses or can claim to possess”. Indeed, ISIS was rather silent about its medical supplies and that reticence to touch upon the topic could tell a lot. Only at times did IS officially admit to having shortcomings, yet most of the time it tried to conceal it. In a viral promotional video produced by IS with the goal of attracting foreign doctors, an Australian pediatrician using the name of Tareq Kamleh encouraged Muslim physicians to travel to the caliphate to fuel the Islamic State’s healthcare staff, claiming that there was no lack in medicine or medical equipment (Gardham, 2015). In an interview with the same doctor, also known by the name of Abu Yusuf al-Australi, he claimed that “IS did not lack equipment, only the staff” (Bedolla and Bedolla, 2016). One of the possible proofs for the shortcomings in medical supplies was Diwan Al-Sihha’s protectionist approach and the issuing of a series of decisions to introduce price controls on childbirth operations and pharmaceutical goods. What further exacerbated the problem was the issuing of a ban by the same department on the import of medical goods originated in Iran, as they were deemed “untrustworthy”, although knowing IS’ pseudo-religious dogmatism, it surely had to do something with IS’ anti-Shi’ite ideological sentiments.

To solve the issue of shortcomings in medical supplies, IS mostly captured enemies’ supplies, confiscated property from civilians and regulated prices of drugs, in addition to relying on doctors and civilians to smuggle in medications themselves. The latter was particularly observed in captured Mosul, where pharmacies smuggled medicine in often selling it at a much higher price. It is also here where one can observe a distinct governance tactic between the Iraqi and Syrian territories controlled by IS, as in the latter, the import of medicine to the Hasakah Province was strictly prohibited (Cunningham, 2014).

III.III “Stronghold of Diseases”

The unresolved problems related to deficient manpower and supplies combined with an isolationist stance, which will be explained in the next subchapter, self-imposed dogmatic limitations and a mass destruction of medical infrastructure helped create conditions for the outbreaks of three epidemiological diseases: Polio, AIDS and Leishmaniasis. In a coverage by National Geographic, Motlag (2015) filmed a group of Syrian volunteers who led a vaccination campaign against Polio in the territories under IS control. “Even radical fighters from the Islamic State (...) agreed to allow vaccinations, though a few groups of foreign fighters, who subscribe to a range of conspiracy theories about the drugs, refused to allow the teams to work in their areas. The varied attitude of IS fighters suggests that there was no common approach of the Diwan al-Sihha on the issue of Polio and that the allowing of vaccinations was left to the decision of the low-rank fighters who operated in specific areas. Some scholars suggest that the responsibility could not entirely be assigned to IS, as the Syrian Civil War that erupted in 2012 and the difficult access to drugs in the rebel territories, contributed to the creation of an immunity gap among children, which allowed for the virus to return to Syria. Another epidemic was that of AIDS, which struck due to improper blood transfusions, the use of IV drugs, as well as a high turnover of partners, explicitly women treated as sex slaves. To answer this peril, IS fetched testing equipment from Mosul to detect the virus among the people (Bedolla and Bedolla, 2016). Perhaps the worst epidemic, however, was the one of Leishmaniasis, a deadly parasitic disease that causes large open wounds, which devour the flesh of the infected person. Transmitted by a bite of an infected sandfly, and thriving in poor hygiene conditions and pollution, the disease spread among 100.000 people in 2015 in the city of Aleppo that was under IS control (Harrington, 2015). Reports also mentioned hundreds of infections among the fighters in Raqqa (Bedolla and Bedolla, 2016). The outbreak of Polio, AIDS and Leishmaniasis

epidemics made of IS-held territories a true “Stronghold of Diseases”, a term the group uses itself to talk about the immorality of its Western enemies.

What adds to the claim on the ineptitude of IS in the healthcare domain is its approach to the Covid-19 pandemic that was declared so by the WHO in January of 2020. IS told its followers an incohesive narrative switching back and forth from an offensive to a defensive strategy, at times calling on its members to take advantage of the pandemic and spread the virus and on other occasions sharing sanitary recommendations and discouraging from travelling to epicenters of the pandemic, as if following the example of WHO (“Opportunity or Threat?”, 2020).

IV.IV Rejection of Foreign and International Aid

Despite the many challenges, IS rejected most of the international or foreign help that it was offered, embracing its animosity towards the global political order. One of the countries that helped treat the wounded IS fighters was Syrian government’s adversary, Turkey, which was to run a “covert” hospital that exclusively treated IS combatants. A report by Gardham (2015) reveals a story of an NHS doctor who had worked in a hospital in southern Turkey training physicians near the border with Syria in Bab al-Hawa and providing health to both “rebel fighters or from the regime”, meaning to those fighting on both sides of the Syrian civil war, including IS fighters. It has been discovered that before IS became a threat in the eyes of the Turkish government, IS fighters used to cross the Syrian border to travel to the nearby Turkish city of Reyhanli, where they shopped for “uniforms and the latest Samsung smartphones”, which occurred still in 2014 (Faiola, 2014). According to a low-credibility anonymous article on Tapnewswire, another country that is said to have treated IS members is Israel, which also had an interest in weakening the regime of Bashar al-Assad in Syria. In line with the article by Al-Sawwafi (2020), there existed a deal between Israel and IS, which entailed, on the one hand Israel’s treating of IS fighters in its military hospitals in the Golan Heights, as well as

purchasing oil from IS controlled territories, and on the other it entailed IS's facilitating of the return of 100 Arab-Israeli fighters who joined the organization. In this conspiracy theory, however, Israel was to treat only a small number of IS members and for a short period of time ("Wounded ISIS fighters", 2014). The lack of any other trustworthy articles confirming the Israel-ISIS pact, casts shadow on the credibility of such information and rather makes it part of the realm of conspiracy theories.

Yet no other country showed the intention of helping to treat IS fighters and the fact that the Islamic State was completely isolated on the international arena contributed to the failure of the group's healthcare strategy. Some international organizations, such as Médecins Sans Frontières (MSF) or the UN agencies UNICEF or OCHA offered to treat wounded civilians under IS control, however such initiative was rejected by the group's leaders (Baskaran, 2015; Miles, 2015). The World Health Organization even entered negotiations with IS on the matter of international help, but with no avail (Miles, 2015). IS chose to deal with the health issues of the controlled civilians on its own, trying to realize the promise of a state that could deliver to its people. Many treatments, however, were not available in the territories controlled by IS and the group was well aware of that, in consequence allowing civilians to travel abroad to get treated. Diwan Al-Sihha issued a special travel permit to those who had to leave "*Dar al-Islam*" for medical reasons and a religious fatwa allowing such exceptions followed.

IS' dream of a functional healthcare system could only be described in the categories of a nightmare. Despite a seemingly developed administrative system and the capability of full power over the issues of health after the shutting down of private facilities and appropriating medical establishments, the group did not manage to provide a successful health system, which it promised to its migrating followers joining the "caliphate" cause and to the inhabitants of the lands it held under control. The difficulties IS met during its state-building project between

2014 and 2017 outgrew its capabilities and resulted catastrophic for the people of IS-controlled territories causing the death of thousands. The unsuccessful cry-outs for inexperienced physicians and students to fill in the gap in medical manpower to which IS contributed in a major part , the restrictions it imposed on the receiving of foreign products or international aid, along with its limiting dogmatic rules imposed in the hospitals, led to the outbreak of epidemics that took the lives of thousands of people, who were deprived of their right to healthcare, which every state, notwithstanding a would-be state entity like IS, should provide. These actions undermined the legitimacy of IS, weakened its state-building project as well as the support among the population it governed.

Chapter IV. Necropolitics in the Islamic State Healthcare System

IV.I Coercion in the Health Domain

The Islamic State used a series of mechanisms to fully subjugate the population it controlled. As co-option of the population weakened with time, the group betted on coercion, to which it turned in its many forms. Even though it based its economy on oil production, bank looting, gold mines, wheat farming, the sale of antiquities, IS gained the most benefits from the taxation of people, confiscation and extortion (Crisis Group Special Report, 2016). By having monopoly over violence, extracting taxes was efficient and constituted the biggest part to the group's budget. Confiscation was yet another practice that helped IS build its economy and IS used it as a deterrence to disobedience or as blackmail.

The extreme violence, public executions, mass massacres were all ways to prove that the consequence of disobedience, understood also as not following Islam in IS' view, would be fatal and this way the group intended to maximize its control over the population. The monopolization of violence made of IS the only body that could execute power in the lands controlled by the group. Going back to what Cinsey and Morar (2015) said about coercion in biopolitics, that it is "the right of seizure: of things, time, bodies, and ultimately life itself" perfectly describes how IS wielded that power. The group self-identified as the only authority that had legitimacy over "life and death", in fact pretending to be God and exercising necropower to its fullest. The social structure that they intended to build was not similar to the one described by Cinsey and Morar (idem), in which a social contract would be based on a collaboration between the governors and the subjects, the latter depriving themselves of the right to their properties, or even their lives, while the former would provide them in exchange with security and prosperity. In the case of IS, this biopolitical dimension appears in its dark form and the relationship between the governors and the people is rather necropolitical. The

self-institution and self-recognition about which Foucault (1980) talks, does not occur here, and instead is a one-way imposed hierarchy, in which the vast majority of the population is reduced to the “state of exception”. This calculated distribution of life and death by the means of extreme violence was according to Mello (2018) IS’ effort to build a form of government that would instill its vision for Islamic life in the population.

Aside from actual violence, IS also resorted to threats, blackmail and intimidation in order for the people to comply with their rules. As mentioned in the previous chapters, to meet the challenge of brain drain, IS issued a series of ultimatums, which are an excellent example of biopolitical coercive methods it resorted to in the healthcare domain.

The first ultimatum was issued by Diwan al-Qaḍa wa al-Maḏālim (Ministry of Judgements and Injustices) in October 2014 and regarded “professors and doctors affiliated with the medical colleges” and students of medicine who travelled to Baghdad to finish their studies there. Al-Tamimi knew one such person personally, whom he described as a Shi’i who was studying medicine at Mosul University and was forced to travel to Baghdad to finish his studies in the capital of Iraq. They were given a deadline of 10 days to return to the IS-held territories and to their occupation. IS threatened doctors and students that were they not to obey the directive, their properties would be confiscated. Cunningham (2014) believes that this example shows the state-building efforts of the group.

The second ultimatum followed in May of 2015 and was directed to medical personnel who had fled from the IS’ controlled lands to other provinces of Iraq, including Iraqi Kurdistan, other Arab states or to Europe. Diwan Al-Sihha accused them of “betraying Islam” and of materialistic sentiments as the reason to flee to other countries. By restoring to, once again, threats of confiscation of property, but also to pseudo-religious arguments, claiming that those who abandoned “*Dar al-Islam*” will end up in hell or be bound to evil fate, IS gave doctors 30 days to return. The directive said that “doctors, dentists, pharmacists, professors of the colleges

of medicine and nursing, and health and administrative staff (...) must return to their areas and take up their employment posts immediately”. Next to the threats Diwan Al-Sihha offered a way of repentance to those who would comply with the directive.

The third ultimatum appeared in August 2015. Diwan Al-Sihha insisted then on the health administration and medical staff in the Anbar province to return to work in the Ramadi hospital. This time they were only given a 10-hour deadline. Incompliance yet again were to be met with confiscation of property: “real estate, clinic, drug store, pharmacy and property will be confiscated”. Moreover, IS officially prohibited the opening of a pharmacy or a clinic by someone who was not linked to Diwan Al-Sihha, in the attempt of the continuous killing of the private medical sector. Disobedient doctors were to be arrested and sentenced by the *sharia* courts.

IS also restored to financial coercion by imposing restrictions on pharmaceutical goods and medical treatments, yet not all restrictions were driven by bio or necropower. Parallely to the ultimatum on the return of doctors from October 2014, IS imposed restrictions on childbirth operations in Deir ez-Zor Province. In this directive, Caesarean childbirth operations cost was fixed to 15000 Syrian pounds and normal childbirth operations to 10500 Syrian pounds. Moreover, to maximize the hospitals’ capability newborn children could be kept at the clinic no longer than for 12 hours after birth. Anyone who broke those rules would be prosecuted by the *sharia* court, which often acted as a deterrent actor.

Afterwards, two decisions on price regulations regarding pharmaceutical goods followed. Still in October 2014, IS issued the first one and it hit pharmacies’ profits. Through admitting that the population started complaining about the high prices of medicine for chronic illnesses, while blaming in on the local pharmacists who were allegedly willing to take advantage of the poor, IS forced them to lower their prices. The directive put forth price ranges and the according maximal profits, for example limiting the profit goods worth 1000 Iraqi

dinars to 250 Iraqi dinars, or for bigger purchases, the profit from a product worth more than 10,000 Iraqi dinars could not be sold by a price higher than 15% of the base price. “And the one who disagrees will be subject to accountability according to Sharia.” (“Price Controls on Pharmaceutical Goods”). Similarly, from what Al-Tamimi (2014) found out from an indirect testimony, IS imposed a limit of pharmacy profits to the maximum of 20%. A threat of the shutting down of pharmacies accompanied this regulation, as well as the order to fulfil a payment to the Diwan Al-Zakat, which collected taxes.

The measures to control the prices of pharmaceutical goods and medical services fits into Foucault’s views on scarcity in states that were driven by biopolitics. According to him in times of scarcity, that is a shortage of fundamental supplies, such as food or medicine, the state was forced to make a choice. It could either allow for the scarcity to continue and lead to a popular rebellion that would overtake the regime, or it could distribute the scarcity among the population, making a part of the society suffer to the fullest, while allowing for the rest to survive (Foucault, 1980). In his own terms, “it is the scourge of the population on one side, and, on the other, catastrophe, crisis if you like, for government” (Foucault 1980). And while such practices might be considered biopolitical for a part of the society, which will continue to thrive, the other part would suffer famine and eventually die, being a victim of a necropolitical decision. Through regulating prices on medicine, IS surprisingly did not apply necropower, which was one of the rare cases. The group argued that by doing so, it assisted the poor (Al-Tamimi, 2014), but the actual reason might have been that it wanted to support its narrative of providing services to the Muslim community in its state-building efforts.

IV.II IS as a War Machine

IS’ origins were in its incompatibility with the state’s structures, both administrative, as well as ideological. The group also opposed the global post-Westphalian order, in which the globe

was divided into national states. The very name that the group uses, al-Dawlah al-Islāmīyah (the Islamic State), indicates a statist nature of the group and suggests its own embracement of the idea of a state, yet it was not a state in the common understanding of it. International law scholars have agreed that IS could not be treated as a state, as it does not comply with legal requirements, and it should be rather treated as a simple terrorist organization (Potyrała, 2016, p. 119). IS, however, differed a lot from traditional terrorist organizations (Beliakova et al., 2014; Cronin, 2015; Kaneva and Stanton, 2020; Phillips, 2015; Tønnessen, 2018).

In this light, this paper suggests a nuanced classification of IS, namely the concept of Deleuze's and Guattari's (1987) "war machine", as a socio-political organization exercising necropower on the controlled population. As explained in the first chapter, IS emerged amid social conflicts exacerbated by the US invasion in Iraq in 2003. The exteriority of thought towards the state of Iraq and the global order, taking the form of a "resisting body". The origin of the group and the brutality of it was what resembled Mbembe's (2019) examples of war machines that emerged across Africa in the XX century after the fall of colonialist powers and the chaos caused in consequence. Following Widder's (2018) argument that war machines often originated within the state, this is also true about IS, which incorporated many former Baath army officers and party members, to whom they owed the strategic thinking and military successes. The fact that IS' origins can be found in the beginning of the XXI century and its building of administrative structures over the years, proves that its emergence was not spontaneous but rather calculated. Recalling Mbembe's theory on war machines, they were "highly organized mechanisms of predation, taxing the territories and the populations they occupy, and drawing on a range of transnational networks and diasporas that provide both material and financial support". Not only did IS have a predatory relationship towards the controlled population, by restoring to many types of coercion, but it also indeed created an international network, being supported materially by donations, but also by manpower, as

thousands of people migrated to the Islamic State to participate in its state-building project. Finally, in committing the genocide on the Yazidis, carrying on mass killings of Shiites, practicing slavery and state terror, preying on the population, adapting to changing circumstances, and even coining its own currency (Chulov, 2014; Roth, 2015), IS fit in very well in Mbembe's view on war machines. It is noteworthy that even though "Necropolitics", the book, was published in 2019, the author did not mention in it the Islamic State, nor did he talk about terrorist organizations.

In the domain of healthcare, IS privileged its fighters over the rest of the population, drawing a clear hierarchical division between the two, which might be considered a manifestation of Foucault's (1980) "state racism", which split the society into fighters receiving the benefits and non-fighters suffering at their cost. In that view, the group weaponized its healthcare system in order to "fuel the war machine" and keep it running. Baskaran (2016) said that in cities, along with the de-facto capital Raqqa, and Mosul, where healthcare was better than in other controlled territories, civilians were left outside the system, while fighters were given priority. The author later confirmed this biopolitical distribution of public services, by claiming that the highest quality treatment was offered solely to fighters, sometimes in secret and inaccessible hospitals, while civilians were left on their own. Alami (2014) also talked about the "preferential treatment of ISIS fighters, (which) also tarnished the organization's credibility". Militants were granted the best care and access to the most experienced medical specialists, while staying in IS-only hospitals. Another practice that Alami (idem) mentioned was the use of Mosul's blood bank by fighters at the cost of non-fighter patients. Militants were also issued special medical ID cards, which contained their blood type and possible allergies to medications (Al-Tamimi, 2015), which was not provided to the civilians. Bedolla and Bedolla (2016) cited a source from Raqqa, which said that "Islamist fighters were granted free

access to healthcare” and claimed that public hospitals were open to only rich civilians, who could afford the overpriced services.

At times IS tried to respond to the needs of the rest of the population, probably fearing potential rebellion, as it did with regulating pharmaceutical prices. Diwan Al-Sihha issued yet another document analyzed by Bedolla and Bedolla (idem), in which it admitted the dire situation of “low-income Muslims” and “poor families” and to the “complaining about a slight increase in the prices of medicines in particular medicines for chronic diseases”, once again forcing the owners of medical establishments to lower their prices. This was done also with the intention to spread propaganda of how well IS provides to the poor.

Nevertheless, predominantly, IS exercised necropolitics towards those in need, and at their cost awarded fighters with best possible care, fueling the war machine with the suffering of the thousands of people it controlled. A sentence from Baskaran (2016) perfectly summed up the reasons behind such biopolitical approach and thus is worth citing at large: “(...) its’ (Islamic State’s) aim is to create a healthcare apparatus that serves the interest of its fighters – this is to ensure that it has the necessary power to enforce its agenda, quell resistance among dissatisfied Sunnis, and prevent backlash from materializing in the form of rebellion – and minimally serve the population as to minimize dissidence and perform as much damage control as possible”.

IV.III Subjugating Female Doctors and Patients

Baskaran’s (2016) proposed the following thesis about the treatment of the population by IS, with which this paper disagrees “IS fundamentally rejects the concept of biopower in practice; rather than basing claims of power on collective prosperity and function, IS bases all societal proceedings on its self-declared understandings of religion and religious laws”. Indeed, IS did not care about the prosperity of the population it controlled, but it did not reject biopower at

all. By inflicting pseudo-religious restrictions on people, it hindered the quality of a part of the society, but by doing so, it aimed at amplifying the quality of life of the only part of the society that it cared about – its male fighters. IS thus exercised biopower toward the fighters and necropower towards the rest of the population.

One of the examples of the execution of necropower by IS was the group's approach to women. In Foucault's biopolitics "sex was the most intense site at which discipline and biopolitics intersected, because any intervention in population via the control of individual bodies fundamentally had to be about reproduction, and also because sex is one of the major vectors of disease transmission. Sex had to be controlled, regulated, and monitored if the population was to be brought under control." (Kelly, 2021). IS wanted to create a patriarchal society, in which gendered power relations were at its fullest. Men were to rule, while women were limited to the role of wives and mothers, in other words used as machines of reproduction, giving birth to a new generation of IS-styled Muslims. This gendered social division is nothing else than Foucauldian "state racism", where one group subjugates another and pushes it toward the "state of exception", allowing it to survive for some utilitarian reasons.

IS was obsessed about microregulating all aspects of Sunni Muslim women's everyday life (Salih and Kraidy, 2020), from imposing full-body veiling, segregating the population between men and women, as well as subjugating women to men in private and public domains of life, which very much fits Foucault's (1980) idea of biopolitics. Women were forced to mourn their dead husbands for four months and ten days, in which period they were not allowed to wear colorful clothes (idem). According to Baskaran (2016) "in IS-controlled hospitals (...) women are denigrated as objects of a religious will, and rather than being viewed as providers of service, women are objectified as receivers of the terrorists' imposition of control". The justification that IS used as an excuse to dominate women was religious texts and juridical precedent, and by controlling their bodies, they wanted to cultivate the value of chastity. As

Cisney and Morar (2015) noticed in their article on biopower, “power (...) was the right of seizure of things, time, bodies, and ultimately life itself” and added that “the human body comes to be seen as a machine, complete with functions and utilities inputs and outputs, predictabilities and precisions (Cisney and Morar, 2015, p. 4.). In order to deter women from disobedience, public punishments were served, such as stoning to death for committing “adultery”, beating for misbehavior and as a way to discipline them. By having a full control of women’s bodies, IS wanted to maximize their utility and reproduction capabilities, as in their ideology, the worth of women was limited to giving birth and raising children according to IS rules. The Western idea of women’s equality to men was rejected by IS on the basis of their view that it went against natural order of life. “ISIS sees itself as building a utopia inhabited by ideal Muslim women” (Salih and Kraidy, 2020). The non-Muslim women, specifically the Yazidi ones, were an extreme case of necropolitical drivers in IS’ ideology.

Entangled in its net of pseudo-religious restrictions, IS was forced to allow some women to occupy themselves with something other than giving birth and raising children, namely work. Those exceptions were made for domains, which suffered from crisis and needed additional workforce, such as in the case of healthcare, as explained in the previous chapter. The strict separation from men, the constant observation by the Al-Hisba police (female police unit), severe punishments and deaths were what created the terrifying working conditions in healthcare (Michlig et al., 2019). The number of female nurses was not sufficient to provide care to all women and girls in need. Baskaran (2016) said about the situation in Raqqa that “hospitals are almost completely devoid of female doctors, and the few nurses that exist are forbidden to work in a healthcare setting without permission and physical company of a male mahram, a designated male watch guard”. Those restrictions were imposed directly by Diwan Al-Sihha, which was responsible for regulating “smoking, consumption of alcohol, gender segregation, medical supply distribution” (Al-Tamimi, 2015). Not all women, however, could

stand the mistreatment and the strict rules, which made their work very difficult. Alami (2014) wrote about a riot that broke out at the Mosul Hospital among the female personnel in August 2014, which might have contributed to the lowering of some restrictions. Vale (2020) argued that nonviolent strikes was what contributed to the failure of the IS' state-building project, along with Byman (2016) who referred to the opposition of rival groups and citizens against IS.

On December 18, 2014, a special IS committee issued fatwa 42 on the mingling on nurses with doctors in the hospitals. The ruling was that, in general, women could not be in the same room as men, without the company of a *mahram*, a designated male watch guard, to avoid *fitna* (temptation). Nevertheless, nurses could be in the presence of doctors, if they were accompanied by other women (Al-Tamimi, 2015). Other fatwas were issued regarding healthcare, for example one that allowed for travel abroad of patients who could not get their treatment in the caliphate, for example fatwa no. 37.

The restrictions present in the already critical health care domain led to many problems. As male doctors could not look at women's genitalia, those were forced to resort to less specialized personnel for check-ups and postpartum treatments. From a report by Human Rights Watch (2016) it results that some women had to be treated by midwives because of the restrictions. Moreover, a breast-feeding woman was reportedly beaten by the Al-Hisba police, for breast feeding her baby in a hospital. Male physicians were afraid to touch or be close to female patients, from the fear of undergoing severe punishments. Three other accounts state that a girl who was suspected of having typhoid instead of being properly checked by a male doctor, was solely asked to explain her symptoms. Another one evidenced to analyzing sore throat of a woman by a male doctor looking at her open mouth from across the room. A woman also gave a testimony of having to secretly go on her own to the pharmacy, because nobody could provide her with adequate care. She went to a male pharmacist to get medicine, and she

was certain that had the fighters found out about him touching her arm to check her blood pressure, he would have been severely punished (HRW, 2016). Baskaran (2016) noted yet another instant in which an IS fighter told a Syrian female gynecologist who was about to conduct a surgery and was not allowed into the surgery room because of not meeting the dress code “let the patients die... what matters is your veil”. After the issuing of fatwa 42 other exceptions in the gendered segregation followed. For example, in the Hawija hospital, foreign male doctors were allowed to touch female patients in some emergency cases, but again, the fear that IS inflicted upon them did not allow them to do their work properly. Baskaran (2016) talked about the IS allowing some female patients to see male physicians in cases that did not include sexual organs.

In the attempt to meet the challenges posed in the healthcare domain, particularly the low number of female doctors and nurses, IS incited women to study at the IS-rebranded Mosul University. What is noteworthy in the admission document is yet another manifestation of discrimination against women. First of all, among 900 student spots, more were available to men. Secondly, the average grade necessary for admission was higher for women, particularly for the Mosul Medical College (difference of 7,15 points) and Medical Technician College (difference of 9,14 points). This difference might attest to the fact that IS wanted to accept at the university only the most diligent female students.

The demarcation of segregational lines between female patients, nurses, and doctors and their male counterparts, is a pure manifestation of biopolitical power, aiming at the control of women’s bodies in general. By imposing specific rules of conduct and behavior, IS pushed them into the “state of exception” making of them object-like beings, of which worth was reduced to reproduction. The exceptions that IS made for the sake of healthcare were evidence to the fact that such an extremist approach was not sustainable and impeded the group from meeting the challenges that healthcare posed.

Conclusion

This paper intended to reveal the necropolitical approach of IS in the health domain and show the causation between such an approach and the disintegration of the group. Through the healthcare domain, it can be observed that IS transformed itself into a socio-political body with a complex administrative structure, driven by necropolitical forces. This thesis states that necropolitics is what disintegrated IS from the inside and guaranteed its territorial demise.

This thesis is grounded in three arguments. First of all, the coercive violence exercised in the health domain, disconnected IS from the controlled population, which facilitated the military offensive against it. The series of blackmails that were issued by Diwan Al-Sihha in the form of ultimatums did not bring the expected effects, and instead created an image of a totalitarian regime that turned to force and severe punishments when population disobeyed. Some states that are driven by biopolitics have a social contract with the citizens, which is based on self-institution and self-limitation, and which gives them the legitimacy to distribute life. IS kept on exercising its “right to seize life itself”, but had a minor social support, to which the massive flight of medical personnel out of IS-held territories attest.

Secondly, IS took the shape of an unprecedented “war machine”, by opposing the legitimacy of Iraq and Syria as well as the entire global political order and used the healthcare to fuel this lethal machine that kept on bringing death. This caused an outrage of the international community, which did not accept a presence of this extremist socio-political body that took a global character and intensified their military efforts against the group. In terms of Deleuze and Guattari (1987, p. 358), “war machines are doomed to failure”, and since they “function off their own frictions, and (...) work only by breaking down” (Widder, 2018), IS, too, was destined to collapse.

Thirdly, the “state racism” in healthcare that ran across many lines within the IS-governed population, made it impossible to provide basic services, which weakened the image of the group that once promised Muslims a utopian world. The discrimination on women in healthcare that manifested in the strict pseudo-religious rules in dress-code and conduct, the almost total prohibition of treating patients of the opposite sex, the preferential treatment of male fighters over the rest of the population, led to social unrest and eventually protests, like the one in Mosul in 2014. This in turn debilitated the group’s legitimacy and hindered its state-building project.

Despite some instances of attempts to facilitate access to medical operations for pregnant women and pharmaceuticals to the poor through issuing administrative regulations and fatwas on the treatment of women by male doctors in the most severe cases, or some IS fighters allowing for the vaccination against polio, IS showed its true necropolitical nature. The healthcare domain was weaponized and used purely to fuel the IS’ self-destructive war machine and that is exactly what brought its death.

This research might expand the understanding of IS’ governing strategies, which are key to creating counternarratives to terrorist propaganda. In the context of rising evidence to the group’s resurgence, decision makers should take measure to prevent IS from regenerating its forces. Countering propaganda, especially in social media must be fueled by new insights on the group’s nature, which this study provides. Especially in the context of the novel coronavirus pandemic, a better understanding of IS’ healthcare policies might be helpful in countering extremists’ narratives. Future research on IS’s failures from the necropolitical perspective, specifically in other public services that the group promised to provide to its citizens, might be interesting, especially in the domain of education, as it is young people that fueled the IS’ “war machine” and it is them, who need to be discouraged for the history not to repeat itself.

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