France's Asylum Seeker and Refugee Populations in the Age of the COVID-19 Global Pandemic

Alexandra Crosby

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France’s Asylum Seeker and Refugee Populations in the Age of the COVID-19 Global Pandemic

College Honors Thesis
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Committee Chair: Dr. Meaghan Emery
Committee Member: Dr. Jonah Steinberg
Acknowledgements

I would like to thank all the individuals that guided and supported me, and ultimately made this thesis project a success. First, I would like to extend my thanks to my thesis committee members, Pablo Bose, Meaghan Emery, and Jonah Steinberg for their generous time, effort, and continued support. Special thanks to Pablo Bose for not only supporting and helping me through this project, but for advising and encouraging me through all four years of my time at UVM. I would not have had the opportunities, skills, knowledge, and confidence I have today were it not for Pablo. I would also like to extend my thanks to the Geography Department and Global & Regional Studies Department at UVM for providing me with the resources to advance my college career and supporting me in my endeavors. Thank you to all the interviewees that participated in this project; your time and energy is much appreciated. Lastly, I would like to thank my family and friends for the constant encouragement and moral support throughout the entirety of this project. I am forever grateful and appreciative to you all. Without you, this project would not have been possible.
Abstract

This project investigates the ways in which refuge and asylum seeker populations in France have been affected by the COVID-19 virus. I argue that refugees and asylum seekers in France are an already vulnerable population and this vulnerability was exacerbated during and as a result of COVID-19. My research stems from an array of scholarly articles, popular press, organization websites, and interviews I conducted with individuals in France who work with refugees and asylum seekers. I used my literature review, which looks at France’s history with national identity, xenophobia, and racism, as a framework in analyzing my data. My findings present the themes of restrictive mobility, accommodation, and fear and mistrust that refugees and asylum seekers have experienced during COVID-19. These findings support my argument that the vulnerability of refugees and asylum seekers in France is reinforced through systems of national identity, xenophobia, and racism, and COVID-19 brought attention to many of these vulnerabilities.
## Table of Contents

*Acknowledgements ........................................................................................................... 2*

*Abstract ............................................................................................................................. 3*

*Chapter 1: Introduction and Methodology ....................................................................... 5*

*Chapter 2: Refugee Resettlement and National Identity .................................................. 11*
  *Refugee Resettlement in Europe ...................................................................................... 11*
  *Refugee Resettlement in France .................................................................................... 13*
  *Resettlement and Integration ......................................................................................... 14*
  *Rural Resettlement ....................................................................................................... 15*
  *Resettlement and COVID-19 ........................................................................................ 19*
  *Future of resettlement .................................................................................................. 21*
  *European National Identity ............................................................................................ 23*
  *French National Identity ............................................................................................... 25*

*Chapter 3: Global Pandemics and the Case of COVID-19 .................................................. 31*
  *Borders ............................................................................................................................ 31*
  *Public Health ................................................................................................................ 33*
  *Enforcement .................................................................................................................. 36*
  *Stigmatization/Discrimination ....................................................................................... 37*

*Chapter 4: Findings .......................................................................................................... 41*
  *Borders ............................................................................................................................ 42*
  *Public Health ................................................................................................................ 44*
  *Enforcement .................................................................................................................. 48*
  *Stigmatization/Discrimination ....................................................................................... 50*

*Chapter 5: Analysis .......................................................................................................... 55*
  *Findings Summary ......................................................................................................... 55*
  *Themes ............................................................................................................................ 56*
    *Restrictive Mobility ...................................................................................................... 56*
    *Accommodation ............................................................................................................ 58*
    *Fear/Mistrust ................................................................................................................ 59*
  *Discussion ....................................................................................................................... 61*

*Chapter 6: Conclusion ...................................................................................................... 63*
  *Project Overview ............................................................................................................ 63*
  *Findings .......................................................................................................................... 64*
  *Limitations and Future Research .................................................................................... 65*

*References ......................................................................................................................... 68*
Chapter 1: Introduction and Methodology

On the morning of March 12th, 2020, I was getting ready to head to the airport from my temporary home in France to Edinburgh for a weekend trip. COVID-19 had already entered Italy and was spreading to other countries, but the severity of the virus at that point was very much underplayed by both myself and other individuals across the globe. My program director and I both came to the agreement that because this was only a weekend trip and no COVID-19 cases had yet been reported in the UK, I would be safe to travel and re-enter France. The next morning, the day I was supposed to fly to Edinburgh, the severity of COVID-19, at least in terms of travel restrictions and border closers, soon became a reality when I received a text message from my program director saying that all study abroad programs were cancelled. I am aware that there is a large amount of privilege in me not only being able to study abroad in France, especially for nearly an entire academic year and also have the means and ability to travel on the weekends. Nevertheless, I was devastated by the cancellation of our program. At that point, the uncertainty surrounding COVID-19 and fast-approaching travel restrictions prompted my parents and I to book me the next available flight back to the U.S. I was fortunate enough to have a safe home and family to go back to, but I thought about those in much worse and vulnerable positions due to COVID-19 shutdowns, especially refugees and asylum seekers. This past summer, I receive a funded research fellowship and had the opportunity to work with my advisor, Dr. Pablo Bose, in researching the impacts of the eurozone crisis, 2015 migration influx, and COVID-19 virus on refugees and asylum seekers in Europe. Combined with my interests and experience abroad, I decided to pursue a project looking at the ways in which refugees and asylum seekers have been impacted by COVID-19 and focus on the case of France.
My main research question asks how COVID-19 has affected asylum seeker and refugee populations in France. My thesis project adds to the current and emerging research concerning asylum seeker and refugee populations in the age of COVID-19 in France. I focus on the four different topics of borders, public health, enforcement, and stigmatization/discrimination in an effort to answer this question. I argue that due to COVID-19 these four aspects have significantly constrained the lives of asylum seeker and refugee populations in France, an already vulnerable population, and has exasperated the vulnerability of these populations. In exploring these research questions, I look at refugee resettlement in the past decade in Europe and France more specifically, especially in regard to refugee integration, rural resettlement, and resettlement during COVID-19. Additionally, I discuss Europe and France’s histories with national identity and its ties to xenophobia and racism. I also investigate previous global pandemics, measures imposed, and how these measures affected refugee and asylum seeker populations, before focusing in on the case of COVID-19. This background research provides the necessary context to explore the specific effects on refugees and asylum seekers in France during COVID-19.

Using my findings and analysis, I conclude that given the circumstances of COVID-19, refugee and asylum seeker populations in France are increasingly vulnerable, both because of the country’s history with strong narratives surrounding national identity, xenophobia, and racism, in addition to current realities and challenges these populations are facing like restrictive mobility, accommodation, and fear/mistrust.

The bulk of my research focused on textual and qualitative analyses. I also conducted four semi-structured interviews, although not as many as I had originally hoped. However, the plethora of literature concerning refugees and asylum seekers in Europe, and France specifically, in addition to emerging data and information regarding COVID-19, ended up being more than
sufficient for this project and the interviews only strengthened my research. I interviewed volunteers and employees of NGOs and aid groups in France who work with asylum seekers and refugees. Interviews are important when conducting research because they can provide greater nuance and insight than from statistical data or observations alone and can provide diverse perspectives about a topic. Due to the emerging and changing information circulating around COVID-19, I believed it was important to reach out to specific NGOs and organizations in France in order to understand and provide the latest and most accurate information concerning the situation for refugees and asylum seekers. I was able to pursue these interview contacts with the help of Dr. Bose and his connections from projects he has conducted in the past. I utilized a semi-structured format with a set of ten preliminary questions to structure my interviews (Dunn, 2016). I developed and pre-tested my questions to ensure that they were comprehensible and approved them with my advisor. I complied with all Institutional Review Board (IRB) requirements and procedures and I have completed the CITI Program Course “IRB - Human Subjects Research Social-Behavioral-Educational Researchers Basic Course”. My certification is valid until June 1, 2023. After my interviews, I used Microsoft Word’s “Dictate” feature to transcribe the two interviews I conducted in English. My two other interviews were in an email format because of convenience and language barriers. For one of the email interviews, I translated my original interview questions to French and emailed them to the interviewee. They then answered the questions in French, emailed them back to me, and then I translated their answers in English to the best of my ability. The other email interview questions and responses were sent and received in English. After transcribing the interviews, I coded the responses by theme to use for my findings and data analysis chapters.
In addition to conducting interviews, I drew from and added to a rich database of both comparative and France focused information regarding migrant influxes and refugee resettlement that I created this past summer, in collaboration with Dr. Bose, through my summer research fellowship. The majority of this data focuses on refugee resettlement in France in 2010 and 2015 to which I added 2020 data when available. Refugee resettlement data is provided by the UNHCR Resettlement Database and includes the number of resettled refugees in France by year in addition to the top countries of origin of those resettled refugees. I then use my findings, from both the interviews and database, to answer my research question as to how COVID-19 and its subsequent effects on borders, public health, enforcement, and stigmatization/discrimination have impacted asylum seeker and refugee populations.

I confronted several challenges when researching for this project. One difficulty was navigating data, both because of availability and because of the occasional language barrier. Luckily, the individuals I interviewed were extremely helpful and provided me with websites and documents with the information I was looking for. However, much of the data that would have been helpful is not yet available because COVID-19 is still very present and much of the data from 2020 has not yet been published in France. Also, France does not collect data on race, ethnicity, religion, nor migrant data (Collyer, 2014; Deutsche Welle, 2020a).

While it was easier to conduct interviews over a video platform rather than in person, it was still challenging to organize these interviews because these organizations are extremely busy at the moment and are often unable to take the time to be interviewed. I received several responses from organizations who were very interested in my project but apologized for their unavailability. Although, the majority of my data was from textual and qualitative analyses, so a large number of interviews was not necessary for this specific project. Another challenge was
the language barrier as all of the individuals I interviewed were fluent French speakers.

Although I am proficient in French, I did not feel comfortable conducting interviews in French over video. Two interviewees were nearly fluent in English, so I was able to successfully interview them over video. Another interview was conducted over email and I translated the responses into English. However, translations are not perfect and certain phrases or words do not directly translate from French to English and vice versa. Furthermore, information would have been more comprehensive if I was conducting interviews between two native English speakers, but that was not possible for this project.

It was also challenging to conduct my research and write this thesis report during a global pandemic as news is constantly changing and evolving and information is often unpredictable and unknown. This required me to be flexible and strategic in my research and writing.

I begin this thesis by explaining the methods used to conduct this project. I decided to use a mixed methods approach in an attempt to answer my research questions because I argue that in order to understand how COVID-19 affected refugee and asylum seeker populations in France, it is necessary to put this situation in historical context in addition to providing current research and data to make a cohesive and comprehensive argument. This structure is evident in the first chapter of my literature review, where I examine refugee resettlement in Europe and France specifically as well as European and French national identity. In addition, the second chapter of my literature review discusses past literature regarding infectious diseases and global pandemics but also recent literature and popular press articles investigating the effects of COVID-19 on refugee and asylum seeker populations generally, and then focusing on the specific case of France. In my findings section, I investigate the effects of COVID-19 on refugee and asylum seeker populations in France specifically. I also interviewed several individuals from various
NGOs and organizations who work with refugees and asylum seekers in France and their experience during COVID-19, which provided a different perspective and strengthened my mixed methods approach in answering my research questions. Finally, I analyze my findings and discuss major themes amongst the effects of COVID-19 on refugees and asylum seeker populations in France. I conclude by providing an overview of my project, summarizing my main findings, discussing limitations, and offering suggestions for further research and next steps were this project to be continued.
Chapter 2: Refugee Resettlement and National Identity

In response to growing migrant and refugee ‘crises’, the international refugee regime was created to provide ‘solutions’ to these crises, which often fall into three categories: integration, repatriation, and resettlement, but all three have its challenges (Long, 2014). This report will focus on refugee resettlement and the important actors using available data. According to the UNHCR, 27 countries participated in resettling approximately 55,700 refugees in 2018 including the United States (17,100), Canada (7,700), the United Kingdom (5,700), France (5,100), and Sweden (4,900) (United Nations High Comissioner for Refugees, n.d.). In 2020, the UNHCR reported that the United States resettled the largest number of refugees (6,740) followed by Sweden (3,543), Canada (3,496), Norway (1,504), and Germany (1,396) (United Nations High Comissioner for Refugees, 2021). The following chapter will explain the importance of refugees in this report and how understanding the resettlement of refugees is vital in comprehending the entirety of this project. Background information concerning refugee resettlement in Europe, specifically during the most recent migration ‘crisis’ in 2015, will be provided for context before focusing in on the case of France. The second part of this chapter will focus on European and French national identity.

Refugee Resettlement in Europe

During the so-called migration crisis in 2015, more than 1 million refugees and migrants entered Europe. The majority of migrants fled from their host countries of the Syrian Arab Republic, Afghanistan, and Iraq, of which approximately 85% crossed the Aegean Sea by boat from Turkey and arrived in Greece (Refugees, 2015). Many migrants then made the journey from Greece to Western and Northern Europe via the Western Balkans route (ibid). In response to this influx of refugees and migrants entering Europe, strict border controls and new asylum
system restrictions were instituted across the continent in an effort to prevent refugees from entering certain countries (ibid). Germany and Sweden were the two countries that received the largest number of asylum applications within the EU (ibid). In May 2015, the European Commission wrote the ‘European Migration Agenda’, which explained six temporary actions by the EU in response to the rapid arrival of refugees and asylum seekers (Carrera et al., 2015, p.3). Firstly, a new relocation scheme was put into place for EU member states receiving a disproportionately high number of asylum applications (ibid). This temporary policy went against the EU’s ‘Dublin Regulation’, which stated that the first member state that a migrant enters is responsible for handling those asylum applications (Carrera et al., 2015, p.5). In addition, a relocation scheme was established for 20,000 refugees coming from outside of the EU and a budget of 50 million euros for the 2015-2016 year was instituted to aid in this effort (ibid). The EU’s relocation scheme planned to relocate 160,000 refugees, newly arrived in Greece and Italy, by September 2017 (Niemann & Zaun, 2018). The following factors were used to identify applicable relocation member states: the country’s population, GDP, unemployment rate, and the mean number of asylum applications in the previous four years (Niemann & Zaun, 2018). However, the relocation scheme was not fully successful because as of July 2017, only 25% of the 160,000 refugees were resettled (ibid). The EU’s voluntary resettlement scheme planned to resettle 22,500 refugees in addition to the projected 160,000 refugees, and as of April 2017, 15,500 displaced persons, about two-thirds of the target number, were resettled (ibid). Thirdly, the EU responded by tripling its budget for the EU External Border Agency, also known as Frontex, which funded border control procedures in the Mediterranean, known as ‘Triton’ and ‘Poseidon’ (Carrera et al., 2015, p.4). Funding was increased by 60 million euros for EU countries receiving a large number of refugees and migrants, like Italy and Greece, and EU
agencies went to these ‘hot spots’ to help with the registration and identification of migrants (ibid). The EU’s Europol agency instituted stronger procedures and worked with the European Policy College to reduce the smuggling of migrants across the Mediterranean (ibid). Finally, the EU created its Common Security and Defense Policy (CSDP), in an effort to investigate and terminate traffic and smuggling networks in the Mediterranean (ibid). Ultimately, the 2015 migration crisis shed light on the variety of attitudes and policies concerning migrant populations in Europe.

**Refugee Resettlement in France**

I chose to focus on the case of France for this project because of my interests and experience studying and living in the country, but also because it is one of the major players in the EU, both because it is the second largest economy and largest country geographically (Tardis, 2019).

In response to the 2015 so-called migration crisis, Germany and France were against the reinstatement of border controls within the EU, as a French report indicated that border closures could cost the EU approximately 100 billion euros over ten years and threaten European integration (Jabko & Luhman, 2019). Instead, Germany and France supported a quota system so there would be a more even distribution of migrants across EU member states (Hjelmaaard & Zoroya, 2015).

The majority of refugees entering Europe wanted to settle in Germany because of the country’s liberal asylum laws and diaspora networks (Trines, 2017). In response, France instituted a program to give 1,000 Iraqi and Syrian refugees fast-track asylum applications if they resettled in France. However, the program was not extremely successful, as only 600 refugees came, which was likely attributed to the fear among refugees of the French people’s reception
had they chosen to resettle there (Petrou, 2015). Between 2014 and 2015, France instituted a new refugee resettlement program to receive 500 Syrian refugees per year and between 2016 and 2017, 3657 refugees, mostly Syrians, were admitted (Refugees, 2016). Former French President François Hollande agreed to accept 24,000 migrants over two years, as part of the larger EU program to accept 100,000 migrants in two years (Pineau, 2015). After the 2017 presidential election, French President Emmanuel Macron agreed to welcome 10,000 refugees over two years starting in December of that year, and by October 31, 2018, 4565 of the projected 10,000 refugees arrived in France (Refugees, 2016).

**Resettlement and Integration**

Refugees in France face many challenges during the resettlement process. For instance, the search for housing after being granted refugee status is often difficult due to language and socio-cultural barriers (Refugees, 2013). It is also difficult to find work, primarily due to the language barrier, level or lack of education, and discrepancies in degree equivalents from other countries (ibid). The following paragraphs are brief explanations of the resettlement and integration system in France.

Refugees wishing to permanently settle in France must agree and sign the Reception and Integration Contract (CAI), which requires the completion of six hours of civic education training, life in France training, a skills exam, and up to 400 hours of free French language training if the individual’s French level is not considered sufficient (Refugees, 2013). The individual’s French language level must be above the beginner A1 or A2 level of the Common European Framework of Reference for Languages (CEFR) in order to qualify (ibid). Once obtaining refugee status, refugees are able to receive the same benefits as French citizens and
foreign permanent residents, meaning they can be employed and have access to social housing, the French healthcare system, and other social benefits (ibid).

**Rural Resettlement**

Throughout Europe, refugee and migrant populations typically settle in urban areas. However, following the arrival of migrants entering Europe in 2015, there has been an upsurge in refugee resettlement in small towns and rural areas. There are advantages and disadvantages for refugees who resettle in either urban areas or rural regions. In urban areas, there are generally already established refugee communities and networks, services available for refugees, and a large variety of job opportunities (Tardis, 2019). Also, far-right groups and supporters typically have less of a presence in urban areas compared to rural regions, which suggests that residents are more accepting and welcoming to refugee populations (ibid). Conversely, in rural areas and small towns, there is typically a lack of services in place for refugees compared to urban spaces (ibid). Due to the remoteness of these locations, refugees have reported feelings of isolation both emotionally and physically, as rural areas are usually a far distance from certain services like hospitals (Tardis, 2019). Nevertheless, there is usually greater and more affordable housing in rural regions, and there is generally a need for labor (ibid). Since the mass movement of migrants and refugees into Europe in 2015, a growing number of refugees have successfully settled in small towns and rural regions in France.

Small towns and rural areas in France are attractive to refugees because of the employment opportunities, increased access and size of housing, and welcoming culture (Tardis, 2019). However, resettlement in these areas bring challenges as well, including finding a means of transportation to and from one’s place of employment. In rural regions, one typically needs a car because public transportation is limited or unavailable, requiring refugees to obtain a French
driver’s license, which is often difficult given the language barrier, and find the funds to purchase a car (Refugees, 2013).

In 2012, about half of France’s refugee population were living in the Ile de France region, where Paris is located (Refugees, 2013). A French mobility program, formed in 2011, allowed 280 migrants to move from the Ile de France region, where there is a lack of adequate housing, to another region with more housing availability (ibid).

In 2015, migrant camps in Paris and Calais were dismantled and those migrants were temporarily accommodated in reception and orientation centers (CAOs) throughout France (Tardis, 2019). Under a government program, 119 of these centers opened, mostly in small towns and rural regions (ibid). This was part of a new asylum and immigrant act passed by the French government in 2015, similar to the 2011 mobility program, with the goal of redistributing migrant populations living in highly concentrated areas, like Paris and Calais, to other regions of France (Arfaoui, 2019). For instance, the mayor of Uzerche, a small town in the department of Corrèze, with a population of just 3,000, agreed to resettle 20 refugees in 2016, mostly from Afghanistan, Syria, and Sudan (Hird, 2019). By the end of 2017, there were 310 CAOs across France (Tardis, 2019). In January of 2019, 60 refugees from Niger and Chad resettled in Pessat-Villeneuve in Central France, a town with just 653 inhabitants (Schmitt & Lebas-Joly, 2019).

Between 2018 and 2019, France required regions to find and record the number and location of dwellings available to house refugees, as displayed in Figure 1. (Tardis, 2019, p.40). The number of available dwellings was based on the region’s population, ability to receive refugees, the housing market, and the region’s GDP (Tardis, 2019, p.39). Figure 2, displays the number of refugees resettled in the beginning of 2019, based on each region’s dwelling capacity.
As seen in Figure 2., the majority of refugees were settled in South-Central France, significantly far from the large metropolitan centers of Paris and Marseilles (Tardis, 2019, p.42). Figure 3. shows the concentration, indicated by the shaded color, of first-time asylum applicants by department of residence in 2019. It appears that most applicants resided in the Ile de France region as well as in South-Central France in the Auvergne-Rhône-Alpes department.

**Figure 1.** Number of Available Dwellings for Refugees (2018-2019)

Source: (Tardis, 2019, p.40)
**Figure 2.** Number of Resettled Refugees by *Département* (January 30, 2019)

Source: Dihal (Tardis, 2019, p.42)

**Figure 3.** First-time asylum applicants (accompanied minors not included) in France by department of residence in 2019

Source: OFPRA (*Rapports d’activité* | OFPRA, 2019)
Resettlement and COVID-19

Refugee resettlement was suspended during France’s first COVID-19 lockdown due to border closures and travel restrictions. Although France did not resettle as many refugees as planned in 2020, the number of resettled refugees was still higher than in 2010, 2015, and 2019 (Table 1.). Refugee resettlement in France was indeed impacted due to COVID-19 lockdowns and border closures. Although the numbers do indicate that there was an increase in the number of resettled refugees in France between 2019, when 3311 refugees were resettled and in 2020, when 4146 refugees were resettled, this increase of less than 1,000 resettled refugees did not meet original resettlement goals as was to be expected (UNHCR Resettlement Data Portal). Very few refugees were resettled in France in 2010 compared to subsequent years. The low resettlement numbers in 2010 make sense, as Europe had not yet experienced the large influx of migrants and refugees entering the continent in 2015. In 2015, France resettled 1460 refugees. Of those resettled in 2015, the majority’s country of origin was Syria, due to the large proportion of Syrians fleeing their country amidst its civil war. Syria remained the top country of origin of resettled refugees in France in 2020.

The number of asylum applications in France increased each year between 2014 and 2019. However, only 95 600 first-time asylum applications were received in France in 2020, a decrease of 28% from 2019, due to the COVID-19 pandemic and temporary suspension of asylum applications and appointments during France’s first lockdown (Makooi, 2021). Afghans were the largest group (10 100) who applied for asylum in France in 2020, followed by individuals from Guinea, Bangladesh, Côte d’Ivoire, and Nigeria (Makooi, 2021).
Table 1. Number of Resettled Refugees in France by Country of Origin

<table>
<thead>
<tr>
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<tr>
<td>Afghanistan</td>
<td>24</td>
<td>7</td>
<td>9</td>
<td>16</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>48</td>
<td>21</td>
<td>28</td>
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<tr>
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<tr>
<td>Syrian Arab Republic</td>
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<td>1315</td>
<td>1620</td>
<td>2909</td>
</tr>
<tr>
<td>Other</td>
<td>140</td>
<td>38</td>
<td>704</td>
<td>534</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>274</strong></td>
<td><strong>1460</strong></td>
<td><strong>3311</strong></td>
<td><strong>4146</strong></td>
</tr>
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</table>

Source: UNHCR Resettlement Data Finder

Table 2. First Time Asylum Applicants (including accompanied minors) in France by Country of Origin

<table>
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<td>Other</td>
<td>26 539</td>
<td>29 318</td>
<td>58 695</td>
<td>62 590</td>
<td>65 730</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45 454</strong></td>
<td><strong>59 335</strong></td>
<td><strong>114 226</strong></td>
<td><strong>123 682</strong></td>
<td><strong>95 600</strong></td>
</tr>
</tbody>
</table>

Source: OFPRA (Rapports d’activité | OFPRA, 2015, 2019) (Makooi, 2021)

* : unknown number
Future of resettlement

The future of refugee resettlement is very much unknown at the moment, but there have been several thoughts on what refugee resettlement in Europe may look like as more COVID-19 vaccines are produced and more individuals are vaccinated. For instance, public trust may be a deciding factor in future resettlement plans in EU member states (Patuzzi et al., 2020). Resettlement in small towns and rural areas could be encouraged because there is typically more available housing and employment opportunities than in urban areas (ibid). Additionally, resettlement in small towns and rural areas has several other benefits including a reduction in population ageing and population decline as well as an improved economy (ibid). This current historical moment offers an opportunity to look back at refugee resettlement in Europe and examine changes or improvements that can be made in future resettlement operations (Fratzke, 2020). In December of 2019, the Global Refugee Forum set a target of 30,000 resettlement places for 2020 (ibid). However, due to COVID-19 the European Commission’s Pact on Migration and Asylum extended the resettlement target into 2021 (ibid). Resettlement programs will likely take a hit from COVID-19 because it is challenging to promote resettlement during an economic and public health crisis and when welfare programs are struggling to operate and provide necessary care and services (ibid). COVID-19 has also brought to light government disinvestment in certain social programs (Patuzzi, 2020). Community-based organizations have developed as a result of this disinvestment and have provided resources to promote social inclusion among individuals (ibid). For instance, social innovation programs in urban areas can become inclusive by giving refugees and asylum seekers various opportunities in rebuilding after the devastating effects of COVID-19 (ibid). It will be interesting to see how governments and organizations choose to move forward in a post-pandemic world and if the inequalities in
marginalized communities are addressed (ibid). Technology also plays a major role in the future of refugee resettlement as the world has discovered how to continue to operate in social isolation remotely and efficiently (ibid). For instance, France has used online learning and Massive Open Online Courses (MOOC’s) so they can continue to provide integration courses (ibid). A resettlement official noted that they believe the resettlement process will become much more technology based. For instance, instead of the French authorities and other organizations having interviews with refugees and asylum seekers in person, it will likely be done digitally over video in the future.

On September 23, 2020, the French parliament filed a report that urged the government to improve refugee and asylum seeker integration (Louarn, 2020d). The report suggested that work permits and French language courses be available right after asylum applications are filed (ibid). The report also noted that safe and adequate housing needs to be provided for asylum seekers and refugees to aid in integration (ibid).

An organizer that promotes refugee integration offered thoughts on the future of refugee resettlement, “Before Covid, France was more going on a path that was characterized by an accentuation of the externalization of asylum applications, i.e. more resettlers, more resettlement, less people asking for asylum with their feet in France and more people applying for asylum with their feet in refugee camps in Jordan, Lebanon, Turkey, etc. This movement could continue and/or be amplified in the future…However, it is also possible that the complete opposite happens: in fact, for now, the different indicators shows that resettlers are those who suffer the most from the Covid situation, so it may also be possible their entries are blocked”. An NGO employee that works with asylum seekers and refugees in accommodation and detention centers,
expressed concern that we could see a rise in border restrictions and closures in France in the future.

**European National Identity**

Refugee resettlement schemes are often influenced by and can be a part of long instituted racist and xenophobic perspectives, which are founded on strong narratives surrounding ideas around national identity. When investigating European identity, the questions of what is Europe and what is the idea of Europe come to mind. Chalániová argues that the responses to these questions depend on who actually answers them, and the definition or idea of ‘Europe’ and ‘European’ is constantly changing (Chalániová, 2013, p.7). In other words, the idea of Europe is a social construct (ibid). Henryk Broder agrees with this social construct theory in stating that Europe is a geographical marker, not an identity (Bunyan, 2016). Conversely, Lichtenstein and Eilders define European identity as “the degree of commitment to the European group, and in consequence, the extent to which those who refer to the EU support or reject a sense of belonging and togetherness” (Lichtenstein & Eilders, 2019, p.605). Bruter argues that the media plays a major part in what society considers European belonging and integration (Chalániová, 2013). A Greek citizen stated in an interview “The government should deport all illegal migrants. If there is a Europe it has to be for Europeans, not Africans and Asians. An honest man can’t live in Greece anymore.” (Margaronis, 2011, p.12). This idea of the ‘other’ does not necessarily need to be outside of Europe, as the ‘other’ exists within Europe. For example, although the United Kingdom is a part of Europe geographically, the British often separate themselves, referring to Europe itself as “the continent” (Chalániová, 2013, p.7).

Although not all European countries are members of the EU, the idea of the EU is to represent Europe as an entity. The EU is unique from other unions because all EU citizens have
the right to move freely between EU countries, known as "mobility capital" (Favell, 2014, p.282; Pratsinakis et al., 2020). Twenty-six European countries are a part of the Schengen Area, meaning there are no internal borders, allowing the free movement of peoples across countries (Schengen Area - Visa Information for Schengen Countries, 2020). For example, "Eurostars", or European citizens, are able to move within and receive the benefits of other European nations as well as experience life in their own nation-states (Pratsinakis et al., 2020, p.15). Without these free movements across borders, the euro would no longer be credible (Bernhard & Leblang, 2016).

The eurozone crisis increased the economic gap between northern and southern European countries, which several scholars argue perpetuated fear and economic insecurity among Europeans, leading to the rise in far-right politics and nationalist rhetoric (Hudson, 2017; Bennett et al., 2015). Throughout Europe, the large influx of migrants and refugees that entered the continent in 2015 triggered a chaotic response by the EU and non-member states. For instance, prior to 2015 the Nordic countries of Sweden, Norway, Finland, and Denmark had the reputation of being liberal in their migration policies and were among the top countries of European refugee resettlement. However, due to the rise of the far right and xenophobic rhetoric, the Nordic countries instituted stricter border and resettlement policies during the so-called European ‘migration crisis’ starting in 2015. These attitudes were not exclusive to the Nordic countries but were evident throughout Europe and emphasized the idea of European identity.

Despite these border closures and restrictions, the ‘liberal’ versus ‘nationalist’ Europe debate and the rise of far-right political parties continued to thrive across Europe (Börzel & Risse, 2017, p.99-100). An editorial comment in a 2015 article from the Guardian stated that
refugees are the “‘fearful dispossessed’ who are ‘rattling Europe’s gates’” (Nail, 2016, p.162).

Even still, refugees seeking to resettle were often labeled by the public as ‘good’ whereas asylum seekers were viewed as ‘bad’ (Van Selm, 2014).

**French National Identity**

Like European national identity, French national identity is at the root of xenophobic and racist rhetoric that exists today. However, French national identity is not a new phenomenon and some scholars suggest it is inherently tied to colonialism (Haddad & Balz, 2006). This argument is based on the idea that xenophobia began in the era of the French Empire under the *mission civilicatrice*, or civilizing mission ideology (ibid). The *mission civilicatrice* was the thinking that French culture was superior and should be exalted onto peoples whose cultures are considered as lower (ibid). France’s strong Republican model that favors the assimilation of refugees and migrants into French society and culture has persisted and individuals in France are expected to be “French” regardless of their ancestry or background (Alba & Foner, 2015). For instance, France upholds the separation of church and state, known as “laïcité”, the core of the French Republican model which was evident in the ban prohibiting the wearing of Islamic headscarves in public spaces and burka ban (Beaman, 2016, p.44). The concepts of “laïcité” and “métissage” (meaning “melting pot” or “mixed/ethnic population”) play an important role not just in terms of narratives surrounding French national identity, xenophobia, and racism, but how these narratives exist in contemporary French culture. Further investigation is necessary as I only briefly touch on this complex and significant topic.

The findings from 22,000 participants indicated that one’s ethnicity did not necessarily determine the extent of one’s French national identity (ibid). More than 90 percent of those participants who had a strong identity with their ethnicity also felt “at home in France” (Simon, 2012, p.15). However, even if immigrants feel they belong in the nation, their identity is hindered because the nation of France itself does not recognize immigrants as belonging to the nation (ibid). Individual identity is often a difficult question for second generation immigrants because they feel they are forced to choose between their national identity and their parents’ national identity (Alba & Foner, 2015). A survey conducted in France revealed that two-thirds of children with immigrant parents felt they had two identities, one to France and one to their country of origin (ibid). Second generation immigrants have also reported that while they may feel French, their “Frenchness” may not be validated by others (ibid). Also, ethnic groups are not recognized in France, which increases barriers faced by immigrants (ibid). For instance, immigrants are extremely underrepresented in France’s political job sector but that is beginning to change as immigrants are increasingly holding political positions and now French political parties are putting greater emphasis on promoting diversity (ibid). The sociologist Dominique Schnapper coined the term “downward assimilation” to describe the challenges immigrants from northern and sub-Saharan Africa face after entering France like the limited employment opportunities and the resulting low social status (Ther, 2019). These difficulties for immigrants make what the French consider assimilation nearly impossible, hence the term “downward assimilation”.

Ideology based on French national identity is often reflected in far-right political parties that use xenophobic and racist rhetoric to reassert their ideas. Joel Fetzer analyzed the rise of far-right political groups and the Front National in France through a theory of mass nativism,
which is essentially prioritizing one’s self-interest of a nation’s peoples over peoples of other countries (Schmitt & Lebas-Joly, 2019). Fetzer conducted a survey among French voters that assessed attitudes towards immigration under Le Pen’s far-right Front National party. The results found that on a scale from 0 to 4 reflecting anti-immigration attitudes, the average score among participants was 1.7 (ibid). The lowest average score was among France’s managerial and professional class, which indicates that participants belonging to that group were the least opposed to immigration (ibid). When measuring support for Le Pen’s Front National on a scale from 0 to 29, the average was 3.5 (ibid). Although, the average was very skewed as 40% of the participants were among France’s professional class, who were generally in favor of immigration (ibid). In the first round of France’s 2002 presidential elections, Le Pen was the second highest voter percentage at 17% (“Toxic but Containable,” 2002). Although he never was elected president, his role and legacy in French politics should not be unnoticed.

The rise of the far-right continued in 2007, when Nicolas Sarkozy was elected as the President of France. Shortly after coming into power, Sarkozy created the Ministry of Immigration, whose goal was to foster French national identity and connect that identity to immigration (Ocak, 2016). Sarkozy wanted the power to choose which immigrants entered the country, referred to as “immigration choisie” (Ocak, 2016, p.85). Under this policy, Sarkozy would determine who the “right” and “wrong” immigrants were and only allow the “good” immigrants to enter France (ibid). The reasoning behind Sarkozy’s thinking was France’s supposed identity crisis (ibid). Benedict Anderson argues that “identification with an imagined community and the We/Other distinction is at the core of national identification” (Ocak, 2016, p.92). Sarkozy believed that the individuals he considered having a “French” identity were the
only people permitted to be in France and all other peoples who did not identify as French were viewed as a “threat” to the nation of France.

France’s Front National and other far-right populist political parties gained additional support after the November 13, 2015 Paris terrorist attacks. The leader of France’s Front National, Marine Le Pen, called for increased border control and closures following the Paris attacks and in the December 2015 regional elections, the share of the Front National’s electorate soared to 28 percent (Francis & O’Grady, 2015; Wollin, 2017). Islamophobia was also more prevalent after the terrorist attacks in 2015 and 2016 as was evident in the book *Une France Soumise, Les Voix du Refus*, which argues that the growing population of Islam in France is a threat to French culture and identity and is leading to the emergence of France as a “foreign land” (Lindsey, 2017, p.2).

Evidence shows that xenophobic attitudes are concentrated in different environments and among various populations. Allport’s contact theory argues that increased contact with immigrants decreases xenophobic rhetoric (Jolly & DiGiusto, 2014). On the other hand, threat theory argues that conflict is more likely among populations where various groups interact because they are competing for resources (ibid). Using data from the 2002 French Electoral Panel, 1999 French National Census, and Eurostat Region database, it was reported that in France, there is less xenophobia in areas with larger populations of immigrants compared to areas with smaller immigrant populations (ibid). Lamont and Duvoux propose that in the context of France, the fear of immigrants is rooted in the aging population and the rise of unemployment (Lamont & Duvoux, 2014).

French xenophobic attitudes are even reflected in the media. For example, the portrayal of immigrants, specifically the children of North African immigrants, was analyzed by three
French newspapers: Le Figaro, Le Monde, and L’Humanité (Clare & Abdelhady, 2016). They describe how the notion of immigrants and the “other” is persistently viewed as a threat in regards to culture, the economy, and employment (Clare & Abdelhady, 2016, p.15). Le Figaro is a very conservative newspaper that “rejects the possibility of multiculturalism” while Le Monde and L’Humanité see immigrants as victims of discrimination (Clare & Abdelhady, 2016, p.26).

Up until the opening of the Cité Nationale pour l’Histoire de l’Immigration, a French immigration museum in Paris, immigrants have not been remembered by the nation (Blévis & Pezet, 2012). Although immigration has been a part of French history since the 19th century, the immigrant is still viewed as invisible and temporary by much of the French population (ibid). Xenophobia is often connected to racism and other systems of oppression. For instance, sociologist Michèle Lamont argues that French racism is not based on race, but is based on one’s culture (Beaman, 2012). An example of this were the 2005 riots in the banlieues of France which were precipitated by the Maghrébin (term used by the French for Muslim North-Africans) immigrant youth in response to the death of two immigrant youths who were killed when being chased by police (ibid). The riots addressed issues of police harassment, unemployment, and discrimination faced by the youth Maghrébin population (ibid). Second generation Maghrébins are only “partially assimilated” in French culture because they are never considered to be fully French (Beaman, 2012, p.50). It seems that in these accounts, second generation Maghrébins are perceived as belonging to a different culture based on their race.

Following the 2005 riots by the immigrant youth in the banlieues, Sarkozy viewed the immigrant as an “Islamist polygamist, living off the state, whose children were left loafing on the streets” (Boubeker, 2013, p.191). Sarkozy was not the only individual who felt this way as many

Beaman discusses various accounts of second generation North African individuals living in France including Safia, who is a 32-year-old with both Tunisian and French citizenship (Beaman, 2012). She explains how she faces discrimination because she is not “white French” even though she was born in France (ibid). Safia believes that although she identifies as French, she will never be considered French by society’s standards because of the color of her skin (ibid). Ahmed, a Muslim of Algerian origin who lives in France, faces discrimination because of his appearance and how he is perceived by others (ibid).

Beaman conducted interviews with Muslim North-African (Maghrébin) individuals living in the Paris region in 2008 and 2009 (Beaman, 2016). Based on the interviews, she found that Muslim North-Africans identified with French Republican society while still remaining connected to their Maghrébin culture (ibid). However, a social movement among French Muslims in an effort to combat the negative stereotypes and treatment of Muslims in France is unrealistic because of the differing views between French Muslims (Beaman, 2016). For instance, some French Muslims support national policies such as the ban of the hijab and burqa, despite those policies being a consequence of French right-wing nationalist ideology (ibid).
Chapter 3: Global Pandemics and the Case of COVID-19

Now that I have provided a brief summary of refugee resettlement and national identity across Europe and in France specifically, I will provide some background information regarding COVID-19 and other past pandemics in order to contextualize its effects on refugee and asylum seeker populations. The literature in this section will focus on the subtopics of borders, public health, enforcement, and stigmatization/discrimination.

Because literature concerning COVID-19 is very new and emergent, my project will draw information from two main sources. For primary data I will look mainly at governmental and NGO statistics on cases and outcomes, while for context I will be reviewing secondary research related to past pandemics, such as the 1918 influenza, 2003 SARS outbreaks, and 2009 H1N1 influenza, and their effects among asylum seeker and refugee populations. I will also be examining reports on the subjects of borders, public health, enforcement, and discrimination targeting asylum seeker and refugee populations during previous pandemics and during COVID-19 in France.

Borders

In 2020 European countries enabled border restrictions due to the COVID-19 global pandemic. On March 17th, 2020, amidst border closures and travel restrictions, the UNHCR and IMO temporarily stopped all resettlement departures, meaning that all individuals and families who were about to be resettled had nowhere to go (Resettlement and COVID-19 | European Resettlement Network, 2020). In the past, governments reacted to the spread of a pandemic by closing their country’s borders in hopes of reducing the spread of the disease. However, based on evidence from previous pandemics, like the Spanish influenza, infectious diseases extend beyond
borders and populations (Kraut, 2010). Past pandemics have also revealed that the movement of peoples, including those seeking asylum or refuge, increases transmission, especially in today’s globalizing world (Snowden, 2019 & Carter, 2016). This has also been the case with COVID-19, as Ylva Johansson, European Commissioner for Home Affairs stated in an interview that closing borders will not stop the transmission of the virus and she was proven to be correct as the virus spread across the world (Nicholson, 2020).

Various countries used COVID-19 to justify their security measures and isolationist ideology. Perzyna argues that Western nations have excluded asylum seekers in their response to COVID-19 and that the closure of borders in these countries defies international law in regards to the sharing of responsibilities among countries (Perzyna, 2020). Furthermore, scholars and health experts argue that border closures are not a necessary public health measure during epidemics such as COVID-19 but is instead used to justify exclusionary policies such as the disregard of asylum seekers and refugees in health care responses, but when any community is left out of the public health care response, these actions do not combat the spread but in fact exacerbates transmission (Lau et al., 2020). Thus, asylum seekers are in an extremely challenging situation because they are unable to enter any country other than the country they are fleeing, due to COVID-19. As Persyna (2020) states, “asylum seekers are often construed as security risks, potential terrorists, as well as economic threats”, which is why the global North is exclusionary (p.3). Furthermore, closing borders exacerbates illegal border crossings, which only increases virus transmission (Ventura, 2016). Ventura (2016) also argues that the closure of borders to asylum seekers does not comply with the International Health Regulation’s (IHR) proportionality test because in a world of debate between essential and non-essential travel, when individuals are forced to flee their homes due to life-threatening circumstances, whether it be
persecution, war, or violence, those individuals have the right to seek safety regardless of COVID-19 security measures.

Due to the COVID-19 global pandemic and economic recession, which paves the way for heightened xenophobia, we must work together in assisting asylum seekers and refugees during this unpredictable time (Persyna 2020). However, border restrictions and closures in response to COVID-19 actually go against the international non-refoulement policy which states refugees should not be forced to return to the country that they were originally fleeing (Persyna, 2020). Several scholars argue that the heightened security and border closures as a result of COVID-19 are being implemented not for the health and safety of all individuals but to purposely exclude asylum seekers and refugees from their rights, programs, and opportunities that formerly existed in these nations (Persyna, 2020).

The EU pledged to resettle 29,500 refugees by the end of 2020, but that will now be extended into 2021 due to these unprecedented measures (ibid).

**Public Health**

Since the start of COVID-19, scholars, journalists, and activists wrote about the pandemic’s disproportionate effect on minority populations, specifically refugees. For instance, Somali communities in Norway, Sweden, and Finland were disproportionately infected with COVID-19 (Masri, 2020). Refugees were largely left out of the global and national response to COVID-19. Dempster et al. stressed the importance that all populations be addressed and acknowledged in the COVID-19 response because the actions of one group impacted all other populations (Dempster et al., 2020). Two of the major obstacles for refugees during COVID-19 were income and health. In fact, many refugees were forced to choose between making an income, which involved putting one self’s health at risk, or prioritizing one’s health and choosing
not to work, which left one with no income (ibid). Conditions were especially different for refugees living in camps compared to urban areas during COVID-19. In urban areas, there are typically more economic opportunities than refugee camps, but they lacked the extent of resources available in camps (ibid). However, during COVID-19, most refugees both in camps and in urban spaces did not work. Unfortunately, monetary aid programs did not usually take into account refugee populations (ibid). Non-governmental organizations (NGOs), humanitarian, and other aid groups had to severely reduce or even stop their services in order to protect their employees’ health and comply with social distancing restrictions and government regulations (Dempster et al., 2020).

The World Health Organization (WHO) calls for the inclusion of refugees and migrants in public health care plans in all countries. WHO believes health care is a human right and that everyone should have equal and fair access to health services regardless of one’s financial situation (World Health Organization, 2020). Should certain populations, like refugees and asylum seekers, be excluded from these necessary services it puts everyone else at risk because all populations need to be addressed in order to ultimately combat COVID-19 (ibid). WHO also argues that vulnerable populations have been disproportionately affected by COVID-19 and calls for an inclusive public health response to COVID-19 that adheres to international human rights regulations in order to recognize these inequities, improve and expand health systems, and work towards eliminating discrimination and stigmatization of vulnerable populations like refugees and asylum seekers (ibid). A recent survey conducted by WHO, entitled Apart Together, found that of the survey respondents, the majority of refugees and migrants did not seek medical care if they thought they had COVID-19 (ibid). Of those respondents, 35% indicated that they did not seek medical care because of financial reasons and 22% reported they did not do so because of
fear of deportation (ibid). Approximately 20% of respondents reported that it was difficult to not utilize public transportation and comply with stay-at-home orders during the COVID-19 pandemic (ibid). The study also revealed that refugee and asylum seeker populations with secure accommodation got their information concerning COVID-19 through the news, social media, and friends and family (ibid). On the other hand, houseless individuals and refugees and asylum seekers living in accommodation centers or camps were not typically provided with these same sources of information regarding COVID-19 (ibid). Because of this lack of information among vulnerable populations, the WHO study reported that NGOs and other organizations are vital in relaying COVID-19 information to refugees and asylum seekers who do not have access to informative sources (ibid). The Apart Together survey also revealed that refugees and asylum seekers living on the street, in accommodation centers, or in camps have an increased risk of mental health problems due to COVID-19 (ibid).

According to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, asylum seekers, migrant workers, and undocumented immigrants are only granted “life-saving” and “emergency” medical care (Wickramage, 2018). Undocumented persons are even more at risk of contracting and transmitting diseases because of the fear of both receiving care and potential deportation (Truman et al., 2009). In encampments inhabited by refugees, the state in which these camps are located are responsible for ensuring the human rights of refugees including shelter, food, water, proper sanitation, and healthcare but how these processes are implemented varies across camps (Bakewell, 2014). It is essential that migrants and other displaced populations be addressed in public health responses and the vulnerabilities due to this identity be adequately addressed (Ager, 2014).
Enforcement

The Apart Together survey respondents reported that COVID-19 government restrictions significantly affected their lives especially among refugees and migrants (World Health Organization, 2020). Refugees and asylum seekers living on the streets, in centers, or camps reported that their daily lives were worse than those living in secure accommodation based on the following categories: housing, work, safety, food, clothes, financial means, NGO support, medical care, and health (see Figure 4.).

Figure 4. Relationship Between Basic Life Necessities/Characteristics and Housing Situation of Participants during COVID-19

Source: Apart Together Survey (World Health Organization, 2020, p.22)
Stigmatization/Discrimination

Instances of xenophobia and discrimination towards refugees and other minority populations increased in Europe and across the globe, arguably because COVID-19 was both a public health and economic crisis (Dempster et al., 2020). Discrimination and xenophobia during epidemics have always been a common theme. For instance, the bubonic plague led to the blaming and subsequent murder of various European communities including Catalans in Sicily (Bavel et al., 2020). Haitians were thought to be responsible for the transmission of HIV/AIDS in the US and African migrants were blamed for the spread of Ebola (Ventura, 2016). Anti-Chinese discrimination was also prevalent during the SARS outbreak in 2003 and has continued during the COVID-19 pandemic (Jones, 2020). When immigrant populations are stigmatized as being carriers of disease, even though public health officials argue that the health of immigrants is typically better than the country’s native-born population, it is referred to as the “migrant health paradox” (Carter, 2016). During the SARS outbreak, individuals who looked Asian or were of Asian origin were often discriminated against based solely on their appearance (Person et al., 2004). Fear and stigmatization of specific ethnic groups have often been associated with disease outbreaks, like when Irish immigrants were thought to be carriers of cholera in the 1830s, or when tuberculosis was referred to as the “Jewish disease” (Kraut, 2010). Rhetoric used to describe illnesses and epidemics such as “targets”, “enemy”, and “fighting” suggest that these illnesses are life-threatening, which perpetuates fear among the public (Logie & Turan, 2020). The COVID-19 pandemic was blamed on foreigners, largely peoples of Asian origin, as the virus originated from China, but also migrant and refugee populations (ibid). In economic crises, people generally care about their situation, not others, which perpetuates the xenophobia and discrimination we have seen and continue to see today (ibid). The ‘us’, meaning
host country populations, versus ‘them’, meaning refugee and migrant populations, paradigm was especially present during the time of the virus, as many governments closed their borders in an effort to stop ‘them’ from supposedly transmitting the virus to ‘us’ (Foresti, 2020). For example, there were instances among groups and political parties in France, Germany, Greece, Italy, and the UK, who used COVID-19 to propagate xenophobia and the fear of the ‘other’ (ibid). There is a clear stigma, primarily in “developed” countries that refugees and migrants carry the virus with them, which only increases instances of xenophobia and discrimination. COVID has heightened already existing xenophobia and racism and has led to countries not adhering to international human rights law which permits individuals to move freely and permits individuals in need of protection to enter spaces (World Health Organization, 2020).

Approximately 40% of respondents who did not have secure accommodation in the Apart Together survey reported that they experienced discrimination and unemployed refugees and asylum seekers said that they experienced increased discrimination compared to those who continued to work (ibid). Figure 5. shows the distribution of survey respondents who reported that they experienced worse discrimination than before the COVID-19 pandemic, experienced similar levels of discrimination compared to prior to COVID-19, and respondents who experienced less discrimination during the COVID-19 pandemic than before (ibid). Of the respondents that reported worsening discrimination during and because of COVID-19, younger individuals (between 20 and 29 years old) reported the highest levels of worsening discrimination (see Figure 6) (ibid). Figure 6 also displays the heightened levels of discrimination using three categories: unfair police treatment, name calling due to origin/religion, and differential treatment because of origin (ibid).
Figure 5. Level of Discrimination According to Participants due to COVID-19

Source: Apart Together Survey (World Health Organization, 2020, p.18)
**Figure 6.** Scale of Increased Discrimination According to Participants due to COVID-19 Based on Age

Chapter 4: Findings

While the effects of COVID-19 on refugees and asylum seekers varied across countries, this study will focus on the case of refugee and asylum seeker populations in France. Some of this research was conducted through electronic interviews with volunteers and employees of NGOs and aid groups who work with or assist asylum seekers and refugee populations. Other data is drawn from policy reports, popular press, and organization documents. The following paragraph gives a general timeline of France’s COVID-19 lockdown and travel restrictions.

In an effort to reduce the spread of the COVID-19 virus, the French government issued a shutdown of all non-essential businesses and public gatherings on March 14th, 2020 (The French Government Response to the COVID-19, 2020). Three days later, on March 17th, the French government instituted a country-wide lockdown that lasted until May 11, 2020, after which restrictions were slowly lifted (Wojazer & Kent, 2020; Magnenou & Matalon, 2020). During this first lockdown, borders, schools, non-essential shops, restaurants, and cafés were closed (Centre for Civil and Political Rights, 2020). Individuals were told to only leave their place of residence when absolutely necessary, in which case they were required to carry a document, or attestation proving why they were not at their place of residence (Wojazer & Kent, 2020). Individuals not following these orders faced a fine of up to 135 euros (ibid). It was during this first lockdown that asylum cases and procedures in France were put on hold (Timberlake, 2020). On October 30, 2020, France entered its second COVID-19 lockdown but schools and factories were permitted to open (“Coronavirus,” 2020). During France’s second lockdown, asylum procedures resumed. On November 28, 2020, France began to ease these lockdown restrictions and nonessential businesses were able to open (Chen, 2020). Beginning on January 16, 2021, a national curfew was instituted from 6PM-6AM (Connexion journalist, 2021). A travel ban
began on January 31, 2021, that prohibited travel to non-EU countries as well as individuals traveling from non-EU countries wishing to enter France (ibid.). On March 31st, 2021, President Emmanuel Macron announced that France will be entering a third national lockdown, but this was after I finished collecting my data and conducting my research (Onishi & Méheut, 2021).

My main research question asks how COVID-19 has affected asylum seeker and refugee populations in France. I will focus on the topics of borders, public health, enforcement, and stigmatization/discrimination as I seek to answer this question. The following provides information related to my research question and is based primarily on qualitative data from interviews, policy reports, NGOs and aid groups, and popular press articles.

**Borders**

During France’s first COVID-19 lockdown, borders were closed along with many airports in order to reduce unnecessary travel. An NGO volunteer stated that arrivals did decrease during France’s lockdowns due to border closures and restricted transportation, especially trains.

Border closures and increased border security made it nearly impossible for asylum seekers and refugees to enter France through Italy. As of July 2020, the volunteer group Caritas Intermelia in Ventimiglia, Italy reported that French authorities were turning back around 100 migrants a day at the Italy-France border (ANSA, 2020). However, these actions by the French police were illegal because asylum requests were not addressed (Oberti, 2020b). A refugee official explained how asylum seekers from Italy were supposed to be relocated to France in February 2020 but this movement was cancelled. They said “French accommodation centers in charge of welcoming asylum seekers were not really comfortable with having people relocated
from Italy” despite them coming from Southern Italy, not Northern Italy where the majority of COVID-19 cases were reported at the time. They also mentioned a report by OECD that stated less than half of the number of migrants entered France in 2020 than in 2019.

An organizer that promotes refugee integration stated that during France’s first lockdown, their organization was permitted to continue working because it was deemed as essential by the French government. These operations were of course modified because of COVID-19 health and safety concerns. There was more flexibility with operations during France’s second lockdown as the interviewee stated that “As a matter of fact, we rather did 50% face-to-face and 50% working from home, whereas during the first lockdown we were approximatively at an average of 95% working from home and 5% face-to-face, or maybe 10%”. This same organization suspended the housing of refugees between March and August of 2020 but was able to resume its housing operations in September 2020.

Another popular route for migrants is from France across the English Channel to the UK. Both France and the UK increased security efforts to stop migration across the English channel due to COVID-19 security measures, which resulted in twice the number of police at France’s northern beaches (Wallis, 2020). These security measures also included increased surveillance and technologies, the ending of smuggling networks, increased port security, and accommodation for migrants in France (ibid). The ultimate goal for French rescue authorities is to save lives, so when encountering migrant boats in the English Channel heading to the UK, they typically stop their journey (Boitiaux, 2020). Therefore, because these boats and rafts are typically unsafe and overcrowded, migrants are often brought back to France by authorities (ibid.). As of October 2020, French authorities had collected 1,317 migrants trying to cross the
channel to the UK (InfoMigrants, 2020). Despite these efforts two adults and two children died after a boat capsized off coast of Dunkirk and 15 were injured in October of 2020 (Deutsche Welle, 2020b).

In response to terrorist attacks in France and Austria, French President Emmanuel Macron announced in November 2020 that France would double the number of border guards and urged the EU to increase security across the Schengen Zone and EU borders (Deutsche Welle, 2020c). Macron stated “We see very clearly that terrorist actions can actually be led by some people who use migratory flows to threaten our territory…So we must reinforce our controls for reasons of national security” (ibid). These security measures were in addition to COVID-19 border closures and restrictions.

Public Health

Following COVID-19 border closures and travel restrictions on March 17, 2020, refugees and asylum seekers faced an ever-growing threat: contracting COVID-19. Refugees and asylum seekers living in unstable accommodations, whether that be on the streets, in camps, or in accommodation centers, were and continue to be at a greater risk of contracting COVID-19 compared to the general public due to highly populated living quarters, unsanitary conditions, and inadequate government support and health services. Aid groups significantly reduced or stopped their operations all together due to COVID-19 restrictions in an effort to protect the health of their employees and volunteers. Unfortunately, the temporary closures of these aid groups left migrants in a precarious situation because aid was largely needed. The International Organization for Migration (IOM) created a document for refugees and asylum seekers, available
in 39 languages, which provides COVID-19 information about what the actual virus is, symptoms, at-risk conditions and populations, and preventative measures (Butler, 2020).

After France’s first lockdown was put in place, 732 migrants living in camps in Aubervilliers, a suburb of Paris, were evacuated to hotels and sports arenas, in the hopes of reducing COVID-19 transmission (Massih, 2020). However, there were hundreds more migrants in these camps that were not moved, leaving them stranded on the streets with nowhere to live (ibid). Also, because asylum applications and appointments were temporarily suspended during this period, there was a rise in refugee and asylum seeker populations without secure accommodation, which increased the demand and number of individuals in camps and accommodation centers. Although, according to an NGO employee, asylum seekers who were already accommodated in reception centers at this time, even if their claims were rejected, continued to live in the reception centers in an effort to limit the number of individuals without accommodations. The interviewee explained how the government tried to accommodate as many houseless individuals as possible, not just refugees and asylum seekers. Similar situations were seen at migrant camps in Calais and Dunkirk, where some migrants were brought to centers that reached capacity quickly, so many were left in crowded and unsanitary conditions, where social distancing was essentially impossible (Louis, 2020). In Calais, migrants and refugees were stranded outdoors in tents (Butler, 2020). Due to COVID-19 and Europe’s eventual reopening of borders, the number of migrants in Calais nearly doubled from 2019 into 2020 (Louarn, 2020c).

In Saint-Denis, a camp was dismantled with 2500 migrants for public health reasons but were accommodated and tested for COVID-19 (Bras, 2020). Due to high positivity rates, migrants were provided with necessary health care at an accommodation hotel, where social
distancing and other health and safety protocols were enforced (ibid). According to an NGO employee, approximately 2,000 migrants were evacuated from a camp, but many were accommodated. However, around 500 migrants were not accommodated and had no choice but to continue living on the street until they were forced to move again.

Asylum seekers living in France were especially vulnerable to contracting COVID-19 because they are not permitted to access government medical assistance if in France for less than three months (Stangler, 2020). If they became ill, they had to go to the emergency room, which was not only dangerous but essentially impossible during COVID-19 as hospitals were not well equipped or prepared for the sudden influx of patients (ibid).

After France’s first COVID-19 lockdown and during the second lockdown, asylum seeker operations and hearings were able to resume again, but not to the extent as prior to the pandemic (Dumont, 2020b). Due to COVID-19 health and safety concerns, children were asked to not be brought to these appointments or hearings. Individuals with appointments had their temperatures checked upon arrival and the wearing of face masks was required (ibid). Facial masks were provided if the individual did not have one (ibid).

Even still, there were and continue to be concerns that migrants will not be provided with the necessary accommodation for the health of themselves and others. After France’s first lockdown restrictions were lifted, the number of migrants in Paris without accommodation nearly doubled largely due to unemployment and not having the means to pay for housing (Louarn, 2020b). Although, France’s winter safe period, which requires the government to provide accommodation to vulnerable populations during the cold months, aided some individuals (Louarn, 2020a). Also, airport terminals that were previously open during the evening closed during the lockdown and individuals who were sleeping there had nowhere to go,
which put their health as well as the public’s health in danger as masks were not readily available (ibid).

During France’s second lockdown, migrants at a camp in Saint-Denis did not have adequate food, lived in unsanitary conditions, and were fearful of contracting COVID-19 (Carretero, 2020). Aid groups called for authorities to provide adequate shelter for the migrants, preferably hotels instead of other accommodations as those locations were hubs for COVID-19 transmission (Carretero, 2020). Médecins Sans Frontières (Doctors Without Borders) conducted 800 COVID-19 tests of migrants in November of 2020 across various accommodation centers in the Paris region (France Evicts Hundreds of Migrants amid Covid-19 Fears, 2020). One in two migrants tested positive for COVID-19 in ten different centers, which MSF attributed to severe overcrowding (ibid).

Young migrants, who are considered minors up until the age of 18, are important to consider in terms of housing and public health. The Mission MNA (Mineur Non Accompagné/Unaccompanied minor) provides unaccompanied young migrants with housing, food, schooling, health care, and a small sum of money each month. However, if a young migrant is not recognized as a minor by the MNA, they do not receive these services but may be accommodated in homeless relief housing. I interviewed an individual who volunteers for an organization that assists unaccompanied minors in France. Currently, the organization that this interviewee volunteers with is housing 45 young migrants with the help of 150 families. When COVID-19 entered France, the organization had to reduce the number of transfers between families in an effort to prevent COVID-19 transmission, especially because host families are often elderly. The organization housed 43 youth with host families during France’s first
lockdown and only two youth did not feel comfortable living with families but were able to be individually accommodated. Although, there was not a sufficient amount of housing that was adapted to meet COVID-19 health and safety requirements, so some young migrants were accommodated in hotels. These conditions were not ideal as the young migrants were not able to leave their rooms during lockdown and received pre-prepared meals.

**Enforcement**

On September 23, 2020, French police evicted approximately 500 people, mostly Afghani, from a camp at Place de la République in Central Paris. Police used teargas, shock grenades, and truncheons towards migrants, journalists, and protestors. The camp was again dismantled in November 2020 (Deutsche Welle, 2020e). The actions of French police have been denounced by human rights groups and government officials including the mayor of Paris, Anne Hidalgo. Meanwhile, a controversial bill was proposed that would give police the authority to film and surveil public spaces but also essentially prohibit the public from identifying police and soldiers should it harm their physical or mental state (ECRE, 2020).

In September of 2020, about 300 migrants lived at a makeshift camp under a highway bridge in Saint-Denis where early every morning the police came and told them to ‘get out’ (Dumont, 2020a). In November 2020 French authorities dismantled a migrant camp in Saint Denis that housed around 2,000 asylum seekers (Deutsche Welle, 2020d). Authorities claimed the dismantlement was due to COVID-19 safety concerns, but migrants were forced onto buses and there were reports of tear gas (Deutsche Welle, 2020d). On December 2\(^{nd}\), 2020 authorities in Calais deforested areas where migrants were camping before attempting to cross the English Channel. "Deforestation is clearly aimed at deterring exiles from settling down," said François
Guennoc from Auberge des Migrants. "My country is at war and look how we are being welcomed. We are beaten, gassed and now we are being hunted in the woods," commented a 40-year old Sudanese, adding “Trees protect us from rain, wind and cold, for lack of a better option” (ECRE Weekly Bulletin 11/12/2020, 2020). Conversely, an organization volunteer said that during France’s lockdowns, authorities “were rather kind”.

A resettlement official explained how France’s Ministry of Interior had a director who oversees the integration and reception of refugees. During both of France’s lockdowns, individuals were required to carry a document each time they left their residence, called an attestation, explaining why they were not at their place of residence. The form was translated in multiple languages, but the resettlement official said “actually only the French version was authorized by authorities”. This posed a problem for individuals, especially refugees and asylum seekers, who were not able to complete the form correctly if they did not read or write in French. The form was also available online, but for individuals who did not have a cellphone, internet access, or were not able to fill out the form correctly because they did not understand French, it was particularly challenging.

An organizer who promotes refugee integration stated that lockdown enforcement was no different for refugees compared to other individuals. They explained that “Accompanied refugees’ feedbacks suggest that they have rather well experienced the period of COVID and lockdowns because they have felt, rather oddly but at the same time it is understandable, that they were like anyone else”. In fact, they “observed a behavior on the part of refugees that was quite exemplary regarding the situation we were experiencing, and it seems that because of what
they already had experienced, they actually had already been under lockdowns many times. In view of all that they have experienced, they have better lived this lockdown than we have”.

**Stigmatization/Discrimination**

When the migrant camp at Place de République was dismantled, there were indeed various reports, photos, and videos posted on social media of police brutality including beatings and the use of tear gas. As a resettlement official stated, there was “a lot of confrontation” between migrants and police. This resulted in a dialogue between individuals who believe there are too many migrants in France, while on the other hand, individuals who are fighting for the rights of migrants. Professor François Gémenne stated that authorities “constantly try to push migrants out of our cities, out of our borders, out of our fields of vision, with the obvious aim of making them invisible to the rest of us” (Dumont, 2020d). Gémenne argues that the underlying problem enacting this xenophobic rhetoric is the question of accommodation and lack of accommodation (ibid). An organization volunteer agreed with Gémenne in stating that “COVID-19 brings a period of instability in France (with for example a strong rise in the number of asylum seekers for humanitarian groups). The need for social aid has increased. I think that unfortunately this only encourages far-right ideology…and the question of accommodation will once again be essential”.

All of the individuals I interviewed did not see or think there was necessarily an increase in xenophobic or racist rhetoric since the arrival of COVID-19 in France but did in fact recognize that racism and xenophobia is still a very real problem in much of the country. A refugee official said that “those people who are racist are still racist…and they’re very afraid of the foreigners bringing COVID and other disease or bringing poverty to France”. An organizer who promotes
refugee integration did not think there was an increase in xenophobic or racist rhetoric but did say that there have been a few incidents of aggression from asylum seekers or refugees in France, that have been heavily mediatized. They said that when questions regarding social acceptance arose in their neighborhoods, refugees may have made connections and said, “but I am not a terrorist”. However, this has been an extreme minority and globally everything is going well”.

Police violence, specifically targeting asylum seekers and refugees, is largely based upon “a logic (that) criminalizes irregular migration as if it were a serious crime” (ibid). The criminalization of migration is also evident in France’s “police intuition” policy, which allows police to evaluate if a person is permitted to illegally migrate to France (Dumont, 2020d). This process is discriminatory because it gives police the power to judge if a migrant is a “risk” based on their preexisting biases concerning gender, nationality, religion, sexuality, race, and a variety of other characteristics (ibid).

Police not only exert violence on asylum seekers and refugees, but also upon other marginalized populations. For instance, the murder of George Floyd in Minneapolis sparked protests against police brutality and violence across France. One protester said “In France, we say we are all equal, but we are not all treated equally. If you’re a young black or an Arab man, you’re targeted and harassed by the police…We’re not making this up, but white people don’t want to hear us or believe us. They think we’re exaggerating” (Deutsche Welle, 2020a). Another protestor discussed their concern for the safety of their brother, who has been racially profiled by police and stopped several times (ibid). Racial justice protests were also in response to the death of Adama Traoré, who was 24 years old in 2016 when she died in police custody
Two autopsies reported two different causes of death, one being that Traoré died of previous health conditions and heart failure while the other attributed Traoré’s death to police force during her arrest (ibid). In October 2020, 22-year-old Ibrahima Bah was killed in a motor crash in the Paris suburbs when supposedly escaping a police check and Bah’s family blames police (French Protesters March to Denounce Racism, Support Undocumented Migrants, 2020). Moreover, young Arab and Black men are reported to be twenty times more likely to be stopped by police and other authorities than white individuals, which proves that racism within the police system is a real problem in France (Deutsche Welle, 2020a).

Racism is also evident when looking at the disproportionate number of African immigrants in France who died of COVID-19. According to INSEE, a statistic agency run by the French government, death rates among African immigrants in France doubled, and rates tripled in the Paris region during the peak of France’s COVID-19 outbreak (Press, 2020). North of Paris, in the suburb of Seine-Saint-Denis, death rates increased by 95% among those born in France but increased by 191% among individuals born in North Africa, and 368% among those born in sub-Saharan Africa (ibid).

There is also the issue of many unaccompanied young people in France not being identified by the government as minors (Oberti, 2020a). It is a long and extraneous appeal process to be declared a minor in France and NGOs are oftentimes the only resource available for these young individuals. Médecins sans Frontières (Doctors Without Borders) and Utopia 56 are some of these organizations that aid unaccompanied minors but unfortunately these resources are not enough for the more than 300 unaccompanied foreign minors in just the Île-de-France region (ibid). Along with other aid organizations, Utopia 56 set up a camp strategically placed to
draw attention to Paris authorities in an effort to address this injustice (ibid). Utopia 56 advocates that the same services be provided to unaccompanied foreign minors as asylum seekers (ibid). Were these services provided to unaccompanied foreign minors, it would essentially mean that they would be provided with adequate housing as well as educational, social, and health care services, until the unaccompanied minors are officially granted minor status (ibid). On September 24, 2020, a bill was passed by France’s National Assembly concerning the confinement of minors (Louarn, 2020e). The National Council for Human Rights (CNDH) wanted the number of confined minors and the length of confinement to significantly decrease if not end (ibid).

For migrants and refugees who reside in France, the renewal of residence permits has been an extremely challenging process for individuals amidst COVID-19 lockdowns and precautions (Makooi, 2020). Appointments for residence permit renewals have been difficult to schedule and the virtual application technology has not worked properly (ibid). For instance, a Beninese caregiver living in France was told to leave the country during COVID-19 because she was not apparently integrated enough and supposedly did not submit her residence permit renewal in time (Dumont, 2020c). Activists argue that this residence permit renewal is discriminatory towards migrants and resettled refugees and violates human rights regulations (Makooi, 2020).

A refugee official noted that there was definitely some fear and mistrust among individuals working with asylum seekers and refugees or just the public sector in general during COVID-19. For instance, within their organization, there were a lot of questions and concerns regarding the testing of migrants for COVID-19 before entering France. Refugees had to be
tested for COVID-19 but French Nationals residing abroad did not. As they explained, “we had to be even more convincing and prove that we were implementing things to avoid having COVID-19 widespread by refugees or asylum seekers”. Perhaps that explains why Frichiti and Stuart, both delivery companies, fired all undocumented workers in France due to COVID-19 (France, 2020b; Carretero, 2020b).
Chapter 5: Analysis

Findings Summary

The following paragraphs provide a brief summary of my main findings as a means to transition to my analysis of major themes.

Firstly, France’s COVID-19 related closures and lockdowns prevented refugee resettlement and asylum procedures from operating for a period of time. This left refugees and asylum seekers in a very challenging position because they likely had no secure accommodation, putting their health and safety severely at risk during a global pandemic. Refugee and asylum seekers are already vulnerable populations, and that vulnerability is compounded when living in unsecure accommodation due to overcrowded and unsanitary conditions, which creates a highly contagious environment that is ideal for the transmission of COVID-19. If these refugee and asylum seeker populations are accommodated by the French government or aid groups in centers and hotels, instead of occupying camps or living in the street, they are still at an increased risk of contracting COVID-19 simply because of the close living quarters and constant contact with individuals. It is important to remember that when the health of a population, in this case refugees and asylum seekers, is put at risk, the public’s health is put at risk as well, so it is vital that all populations be addressed when responding to public health emergencies.

In addition, many temporary camps where refugees and asylum seekers were living during COVID-19 were dismantled by the French police in order to supposedly protect the public’s health. During these camp dismantlements, there were several reports of police force and violence targeting asylum seekers and refugees taking place. Although, there was significant pushback by these populations and aid organizations advocating for the rights and fair treatment
of asylum seekers and refugees. It is important to note that these instances of police brutality and discrimination are not a result of COVID-19 but are rooted in France’s history of xenophobia and racism and are inherently tied to questions surrounding French national identity.

**Themes**

Based on the data I collected in response to my research questions, I found several themes concerning the effects on refugees and asylum seeker populations during COVID-19. I will use the information I collected in my literature review as a critical lens in analyzing my research findings in order to assess the impacts COVID-19 imposed on asylum seeker and refugee populations in France. I argue that France’s history with refugee resettlement, national identity, xenophobia, and racism have produced a vulnerability among refugee and asylum seeker populations, and these unjust systems have been perpetuated and brought to light in the age of COVID-19 and are evident in the restrictive mobility, accommodation, and fear and mistrust of refugee and asylum seeker populations.

**Restrictive Mobility**

Many countries closed their borders in an effort to reduce COVID-19 transmission and contain the virus, but these measures essentially stopped resettlement moves and the processing of asylum seeker applications in France for a period of time. The theme of restrictive mobility makes sense because when borders are closed or restricted and operations are halted, refugees and asylum seekers attempting to enter a country, in this case France, are not able to physically do so. It is important to note that the admission of refugees and asylum seekers into France was also halted when the country’s national security was thought to be under threat, as was done in November 2020 after terrorist attacks in Austria and France.
One could argue that the closure and heightened security at France’s borders was a mechanism to keep immigrants and “non-French” individuals out of the country, which stems back to xenophobia and French national identity. When refugees were trying to enter France during these lockdown periods, authorities were not accepting asylum claims, which clearly violated international human right law stating that all asylum claims must be addressed. Although France’s borders were closed at the time and the processing of asylum applications was temporarily suspended, authorities were still obliged to acknowledge migrants that wished to seek asylum. Similarly, asylum seekers and refugees were oftentimes not addressed by the French government even though COVID-19 and its subsequent security procedures were very much unprecedented. Meanwhile, due to attestation requirements during France’s COVID-19 lockdowns, refugees and asylum seekers were especially vulnerable to camp dismantlements by French authorities, even though they were prohibited from moving to different areas under lockdown procedures. This left refugees and asylum seekers in a very precarious situation because the French government and aid organizations were offering very limited accommodation, so many individuals had nowhere to go. Furthermore, when individuals in France were mandated to stay at home except for life essential reasons, refugees and asylum seekers living in camps and on the streets were not able to do so because they had no home. It was extremely challenging and even impossible for refugees and asylum seekers to obtain a new copy of an attestation every time they left their residence. Also, because of the language barrier, it was even more difficult to actually understand what the attestation said and there was the added challenge of filling out the form correctly. These circumstances not only put the health of refugees and asylum seekers in danger, but also the health of the general public because of the highly contagious nature of COVID-19.
Accommodation

Services from NGOs and aid organizations were in high demand during the height of COVID-19, but due to travel restrictions and concerns for the health of employees and volunteers, as well as the general public, resulted in the lessoning of aid operations that were urgently needed for refugees and asylum seekers. Consequently, NGOs and aid groups were not able to accommodate the housing demand of refugees and asylum seekers given their supply of workers and resources, which left even more individuals living on the streets. Even if refugees and asylum seekers were accommodated, it was most often in centers where social distancing was impossible, increasing COVID-19 transmission among an already vulnerable population.

Healthcare needs to be provided fairly to all individuals, which includes refugee and asylum seeker populations, in order to protect the health of the public. Based upon the evidence I collected, it is clear that refugee and asylum seeker populations have been put in an even more vulnerable position than prior to COVID-19 especially in regard to their health, so all populations must be addressed fairly and justly in a public healthcare response.

As the literature and data indicate, refugee and asylum seeker populations are at a higher risk of contracting COVID-19 for various reasons, the majority related to accommodation. Individuals that have unsecure housing do not have the privilege of staying at home in a secure and safe space but are often living in crowded and unsanitary conditions where COVID-19 transmission thrives.

The requirement of all individuals to carry an attestation during COVID-19 lockdowns and the dismantlement of migrant camps by police are both reflective of the inability of many refugees and asylum seekers to find a place to live on the street, if they were not housed in
centers or by the French government or move to a new place. Essentially, refugees and asylum seekers have been punished for inhabiting certain “public” spaces and forcibly displaced from those spaces.

As the WHO Apart Together survey indicates, refugees and asylum seekers with unsecure accommodation during COVID-19 across countries experienced negative effects in their daily lives in some way due to their housing situation. This worsening of living conditions caused by COVID-19 poses a direct threat to public health, which was very evident in refugee and migrant camps in France. Furthermore, the question of accommodation during COVID-19 is essential in protecting not only the health of marginalized communities, like refugees and asylum seekers, but also the health of the general public. Accommodation is already difficult to find for refugees wishing to resettle in France, so one can imagine the extensive challenges during a global pandemic.

*Fear/Mistrust*

A common theme throughout my research was the mistrust and fear of refugee and asylum seeker populations during COVID-19. There was often a fear among some of the public that migrants would bring or had brought COVID-19 to France. This fear and mistrust are unfounded and is reflective of dialogue in previous global pandemics where individuals felt that certain people or populations were to blame for the health crisis and resulting chaos even if this logic has no scientific basis. Although, this rhetoric persists and is ultimately rooted in xenophobia and French national identity that prioritizes what society deems as “French” individuals, which is based on the criteria of being white and native-born French and excludes individuals that do not fit this model. When certain individuals feel their French identity is being
threatened, it can result in the purposeful removal of “non-French” populations from the public sphere or at least the public eye. This was evident when migrant camps were dismantled, and incidents of police brutality were reported. Police brutality is inherently tied with race and targets non-white individuals, including many refugees and asylum seekers as well as North African immigrants. Also, even if my research does not explicitly cite instances of targeted attestation checks by police, I have a hard time believing these checks did not take place given France’s history with racist and xenophobic rhetoric and discourse surrounding French national identity. Race is also a significant factor when looking at COVID-19 deaths in France as there were a disproportionate high number of COVID-19 deaths among North African immigrants compared to the native French population. This also demonstrates the structural racism within the health care system that values the lives of white individuals over individuals of color.

Based on the interview responses I received, although the fear and mistrust of refugee and asylum seeker populations has existed in the past and continues to exist, there has not been a significant increase during COVID-19. However, this is only according to a small number of individuals and is from an outsider’s perspective. I would argue that the fear and mistrust of marginalized groups like refugees and asylum seekers has increased during COVID-19 because of evidence from previous global pandemics where these ideas were very much circulating but also evident through mechanisms like border closures and instances of police brutality that were labeled as necessary to protect France’s public health but are actually founded in histories and realities of French national identity, xenophobia, and racism.
Discussion

When analyzing my findings, it is helpful to look at whether and how they either confirm or disprove what I discussed in the literature review. For instance, it is clear that much of Europe, including France, has and continues to use border closures as a means to prevent refugees and asylum seekers from entering a country during ‘crises’ or large increases in migration like the 2015 migration influx in Europe and the COVID-19 global pandemic. I argue, and my findings support this, that this isolationist approach is imbedded in European national identity more broadly, and French national identity in the case of France. As the literature review discussed, xenophobic and racist rhetoric stems from ideas surrounding national identity that is exemplified by excluding the ‘other’ or what are believed to be individuals, most often from marginalized populations, that do not meet what this ideology deems as truly “European” or “French”. There is a fear of a loss of national identity at play here if for instance refugees and asylum seekers are permitted to enter a country.

Contrary to this exclusive and arguably discriminatory narrative, and despite resettlement restrictions, current data indicates that the resettlement numbers in France actually increased between 2019 and 2020 (see Table 1.). However, due to the temporary suspension of asylum procedures during France’s first COVID-19 lockdown, the number of asylum applications significantly decreased between 2019 and 2020 (see Table 2.). On the other hand, the number of resettled refugees in France increased between 2015 and 2019, but only by less than 2,000 individuals over those four years which was likely due to both the large influx of migrants entering Europe in 2015 and circulating xenophobia (see Table 1.). Also, the number of asylum applications in France increased between 2014 and 2015 (see Table 2.). These patterns suggest that national identity and xenophobic rhetoric still have power. While these ideas may not
always be clear or manifested in the public eye, there continues to be dialogue surrounding the fear and mistrust of the ‘other’ or “non-French”, whether that be refugees, asylum seekers, or North African immigrants.

The use of force on refugees, asylum seekers, and other individuals that are not deemed as truly “French” by French police is an example of the resistance to these marginalized populations both prior, during, and after their entry into France. As stated before, these processes are rooted in discrimination and fear of the ‘other’, and are justified as national security concerns, especially after the 2015 and 2016 terrorist attacks in France, or as necessary for the nation’s public health during COVID-19. I believe that fear of the ‘other’, fear of refugees and immigrants, and fear within French politic institutions has a significant in shaping French culture and society and needs to be investigated further were I to continue this project.

It is important to note that xenophobic and racist rhetoric is not used or believed by every individual in France, and there is much resistance to these ideas, like in the protests against police brutality and the treatment of migrants during camp dismantlements. Even still, ideas surrounding national identity, xenophobia, racism, and other acts of discrimination are very much a reality not only in France, but across the world. Moreover, the majority of these findings confirm my main argument that refugees and asylum seekers are already vulnerable populations and COVID-19 has brought these structural inequalities to light that are rooted in narratives of French national identity, xenophobia, and racism.
Chapter 6: Conclusion

Project Overview

This thesis project investigated the ways in which refugee and asylum seeker populations have been affected by the COVID-19 virus in France. My research stemmed from a variety of sources, consisting of some of my own research I conducted and based upon previous research that provides some historical context. First, I gathered information about the situation of refugees and asylum seekers in previous pandemics to offer some insight before looking at the case of COVID-19. I then pulled information from the database I compiled this past summer through my funded research project in collaboration with Dr. Bose which looked at the situation of refugees and asylum seekers across Europe in the past decade. In addition to the database I built upon, I interviewed several employees and volunteers at organizations in France that work with refugee and asylum seekers to add a more personal perspective to my research. After compiling my data from both the database, interviews, and other COVID-19 specific literature, I critically examined and coded this information and then conducted an analysis that I categorized by theme.

Much has changed concerning COVID-19 since when I concluded my data collection. COVID-19 cases continue to rise in France and other European countries are experiencing a surge as well, including Italy, which was the original COVID-19 hot spot in Europe. However, vaccinations are becoming more widely available and more individuals are being vaccinated. On March 31st, 2021, President Emmanuel Macron announced that France will be entering its third COVID-19 national lockdown (Onishi & Méheut, 2021). This lockdown will not be as strict as previous lockdowns as individuals will not be required to carry an attestation when they leave.
their place of residence (ibid). However, individuals must remain within a six-mile radius of their place of residence, are not permitted to travel across regions, and must adhere to a 7PM-6AM curfew (ibid). Schools will also be temporarily closed for at least three weeks (ibid). On the same day of Macron’s announcement the Johns Hopkins Coronavirus Resource Center reported that France had a total of 4,646,014 confirmed COVID-19 cases and 95,495 reported deaths (France - COVID-19 Overview - Johns Hopkins, 2021). Only 4.04% of France’s population has been fully vaccinated (ibid). It is vital that France has a just and equitable vaccination plan that prioritizes the most vulnerable populations, including refugees and asylum seekers. Further research must be conducted looking at the effects on refugee and asylum seeker populations under France’s third national lockdown.

Findings

There were three main themes that presented themselves in my research: restrictive mobility, accommodation, and fear and mistrust. My research found that refugees and asylum seekers in France were severely restricted in their movements, both physically and socially, due to COVID-19 related restrictions and lockdowns. Also, refugees and asylum seekers in unsecure accommodation or living on the streets were at a heightened risk of contracting COVID-19 and France’s public health response was not adequate in protecting the health and wellbeing of these vulnerable populations. Lastly, refugees and asylum seekers, although not always directly, experienced the consequences of France’s fear and mistrust of migrants, which is founded in a long history of xenophobia and racism in France.

I believe that this project successfully answers my general research question asking how asylum seeker and refugee populations in France have been affected by COVID-19. There will
always be more research to be done for this project given the constant information produced by various outlets and the transforming situation of COVID-19, but for the time being, I would say that this project provides an adequate amount of information to answer that question. Also, I believe that my research supports my argument that COVID-19 exacerbated the vulnerability of refugee and asylum seeker populations and this is evident in my findings about restrictive mobility, accommodation, and fear and mistrust.

This research is important because it combats popular narratives that dehumanize refugees and asylum seekers, and marginalized populations in general, especially in times of ‘disaster’ or ‘crises’, like COVID-19. Refugees and asylum seekers are disregarded and are often viewed as a statistic or ‘other’. However, it is essential that compassion and understanding take reign over the dehumanizing and xenophobic rhetoric that exists. It is helpful and important to consider what one would do if they were in a refugee or asylum seeker’s life-threatening situation. Refugees and asylum seekers are people too and it is our duty to ensure that all individuals are granted the same basic human rights in the fight for a more just world.

Limitations and Future Research

This project provided me the opportunity to learn about the field of research and the role that research plays in the discipline of the social sciences. Although the COVID-19 global pandemic was helpful in an odd way in paving my ideas for this project, it still had its challenges especially in trying to retrieve and navigate through information and data in a time of great uncertainty. For instance, I had to purposely stop seeking out information, despite the constant and emerging research being reported every day, because it was unsustainable, and I needed to focus on my analysis. It was also challenging to find individuals willing to be interviewed and
who also had the time and resources to do so during an extremely busy time for many organizations and aid groups due to COVID-19. The circumstances were not ideal, but I am very grateful to have had the opportunity to discuss the situation for refugees and asylum seekers in France with individuals working, directly or indirectly, with refugee and asylum seeker populations.

I think that the categorization of refugees and asylum seekers in France, in combination with the French state’s refusal to recognize ethnicity and race, is problematic and reaffirms homogeneities that are not actually present. If I were to continue this project, it would be necessary to reevaluate and reframe these categorizations in Table 1. and Table 2. For instance, it may be valuable to redraw these tables by specifying the motivations for which individuals left their country of origin, like for environmental or political reasons, instead of funneling individuals into the broad categories of refugees and asylum seekers. I would need to conduct further research in order to properly push back against France’s assumptions and stereotypes of refugee and asylum seeker populations.

I also wish to turn my attention to why certain policies and restrictions were put in place in France for refugee and asylum seeker populations during COVID-19 instead of focusing more on how these populations were affected by COVID-19 as I did in this project.

If I had more time and resources to pursue this project, I would continue compiling information concerning COVID-19. In addition, I would interview more individuals in France to gain further insight into the experiences of refugees and asylum seekers during COVID-19. Also, I would have ideally been able to stay in France to continue my studies and research for this project, but the severity of COVID-19 did not allow for that. Eventually, in the years ahead
after COVID-19 data is compiled and published, one could analyze the impacts that COVID-19 had on refugee and asylum seeker populations and even compare these findings to previous events that significantly affected these populations.

COVID-19 offers an opportunity to examine and think about the underlying structures and processes that cause refugees and asylum seekers to leave their country of residence and second to actually be successful in leaving that country. There are additional challenges along the way including entering and being received in a new country and then the challenges faced in that country if they are given the opportunity to reside there. Furthermore, it is vital to add historical context not only to this project but to the processes that impact refugees and asylum seekers more broadly. Although governments, NGOs, and other aid organizations are working to aid these populations and make these transitions less burdensome, there still needs to be a more compassionate and human rights-based approach to the treatment and reception of refugee and asylum seeker populations.
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