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Title: Health for all? A qualitative study of NGO support to migrants affected by structural violence in northern France

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Declarations

Conflicts of interest

None declared.

Author contributions

BP conceived the study and drafted the manuscript. BP and AT collected, coded, and analysed data. HLQ provided interpretation and critical review. NH provided supervision, interpretation, and critical revisions. All authors approved the version for submission.

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Abstract

France hosts approximately 368,000 'persons of concern' (e.g. refugees, stateless, people in refugee-like situations, asylum-seekers). Northern France has become a focal area, due to its proximity to the Dover entry-point to the UK and larger numbers of migrants. This study used a structural violence lens to explore the provision of health services to migrants in Calais and La Linière in northern France, to contribute to discourse on the effects of structural violence on non-state service providers and migrants in precarious conditions and inform service provision policies.

Our qualitative study design used semi-structured key-informant interviews, conducted in summer 2017 with 20 non-governmental service-providers, 13 who had worked in Calais and 7 in La Linière migrant camp. We analysed interviews thematically, using inductive coding.

Themes from analysis were: (i) power dynamics between NGOs and the state; (ii) resource allocation and barriers to accessing services; and (iii) effects of structural violence on social determinants of health. NGO service provision varied due to tense power dynamics between state and NGOs, shifting state requirements, and expanding roles. Interviewees described ongoing uncertainties, and inherent disempowerment associated with humanitarian aid, as negatively affecting migrant health and wellbeing, increasing illness risks, and providing unequal life chances. Structural realities including violence appeared to negatively affect migrant social determinants of health, reducing healthcare access, social inclusion, and sense of empowerment.

The role of NGOs in providing migrant health services in northern France was complex and contested. Structural violence negatively affected migrant wellbeing through restricted services, intentional chaos, and related disempowerment. The violence exerted on migrants appeared to diminish their life chances while being an ineffective deterrent, indicating better approaches are needed.

Keywords

France; migrants; health services; structural violence; social determinants of health

Introduction

France hosts approximately 368,000 'persons of concern', a UNHCR term for refugees, people in refugee-like situations, asylum-seekers, stateless, and internally-displaced people (UNHCR, 2017a). Some settle in France, while others aim for intended destinations such as the United Kingdom (Millner, 2011; Monk, Stanton and Welander, 2017). Despite relatively small numbers, these migrants are subject to contentious political debate in France. With neither EU nor French authorities seemingly 'willing to take responsibility' for receiving and supporting migrants (Vigny, 2018), this falls to local governments. In northern France, a Front National party stronghold, this has typically meant anti-migrant policies and government intolerance (Ramdani, 2017), e.g. Calais police forcibly removing migrants from informal encampments (Ticktin, 2006; Rygiel, 2011).

Calais and Dunkerque are two small northern towns at the centre of this debate (Alisic and Letschert, 2016). The Calais 'Jungle', an informal settlement recognised internationally, was home to approximately 8,000 migrants before being demolished in November 2016 (Welander and Gerlach, 2018). La Linière in Dunkerque, a joint humanitarian effort between the Dunkerque government and Médecins Sans Frontières, was the first formal migrant camp built in 20 years (UNHCR, 2017b). It hosted nearly 2,000 migrants before catching fire and being demolished in April 2017. Since these camps' destruction, no settlements have been tolerated in either town (Rygiel, 2011). Despite this, approximately 1,000 migrants sleep rough in Calais and Dunkerque, supported by non-governmental organisations (NGOs) (MSF, 2016; Vigny, 2018). Academics have questioned whether NGO service provision impacts migrants long-term and allows states to shirk responsibility, particularly in high-income countries (Castañeda, 2010; PICUM, 2014; Andre and Azzedine, 2016). Additionally, the protracted situation in Calais – focusing the immigration debate since the Dover-Calais Eurotunnel opened - raises questions on the state's role in immigration, Calais's aggressive approaches to removing migrants from its streets (Ticktin, 2006; Rygiel, 2011), and structural exertions of power and discrimination (Farmer, 2005; Larchanché, 2012).

This paper uses a structural violence lens, assuming a right to health as described in both UN and French policy and drawing on three assumptions from Galtung and Farmer in analysis (16, 17). First, violence is exerted through and embedded within social and political institutions (Galtung, 1969). Second, resource allocation can represent structural violence as it indicates an unequal power dynamic, adversely affecting 'those who occupy the bottom rungs' (Gilligan, 1997). Third, these inequalities, combined with other systemic exertions of structural violence, result in unequal life chances that are otherwise avoidable (Vorobej, 2008). By examining the environment in which structural violence exists, the means by which it is exerted, and resulting unequal life chances, we consider ways in which migrants experienced structural violence in northern France.

Galtung first proposed that structural exertion of power creates inequities, arguing that structural violence is exerted by society through 'tools of oppression' internalised within bureaucratic systems, resulting in unequal structural violence - or social injustice - internalised within bureaucratic systems and resulting in unequal opportunities and life chances (Galtung, 1969; Vorobej, 2008). Galtung focussed on differentiating between individual potential and actual life, affected by various socially-embedded power structures creating structural violence through social, cultural, and political institutions (Galtung, 1969; Farmer, 2002; Farmer *et al.*, 2006). Structural violence has been used as a lens through which to examine numerous inequalities, from Foucault's theories of biopolitics to Gilligan's discussions of death and dignity (Foucault, 1976; Gilligan, 1997).

Farmer defined structural violence as violence that is exerted systematically, or indirectly, by everyone belonging to a certain social order (Farmer, 2002). Gilligan defined structural violence as increased 'death and disability suffered by those who occupy the bottom rungs in society, as contrasted with…those who are above them" (Gilligan, 1997). It is oppression through barriers to social equality enforced by socio-political systems (Galtung, 1969; Vorobej, 2008). While manifestations of discrimination may include other forms of violence, e.g. physical or political, oppression is largely exerted through social systems, and as such, is structural violence. Structural violence can manifest through language, fear, bureaucracy, and restrictive policies limiting services

120 access (Karl-Trummer, Novak-Zezula and Metzler, 2010; Larchanché, 2012; Parkinson and
121 Behrouzan, 2015; Grace, Bais and Roth, 2018). If migrants are unwilling or unable to seek
122 services due to discrimination within the system, this is structural violence (Stuber, Meyer and Link,
123 2008).
124
125 Farmer argued that structural violence should be as integral to the examination of public health as
126 is the study of specific diseases, as structural interventions arguably have a greater impact on
127 health and wellbeing than most clinical interventions (Farmer, Paul E; Nizeye, B; Stulac, S;
128 Keshavjee, 2006). Structural violence may be exerted upon migrants as they arrive in new
129 countries, but health literature generally focusses on 'rights to health' rather than using a structural
130 violence lens (Kelly, 2005; Fortuna, Porche and Alegria, 2008; Larchanché, 2012). In northern
131 France, we can describe structural violence as embodying restrictions in accessing health and
132 social support, whether provided by the state or NGOs, which prevent individuals from gaining
133 'equal life chances' with other members of society. Casteñeda and Willen focussed on legality and
134 belonging as barriers (Castañeda, 2009; Willen, 2011; Castaneda *et al.*, 2015; Holmes and
135 Castañeda, 2016), while Farmer described "the way in which resources [e.g. food]… are allocated"
136 (Farmer, 2002, p 315). Similarly, we can consider social determinants of health (SDH) in the
137 exertion of structural violence on migrants. The World Health Organisation (WHO) defines SDH as:
138 *"The conditions in which people are born, grow, work, live, and age, and the wider set of*
139 *forces and systems shaping conditions of daily life. These forces and systems include*
140 *economic policies and systems, development agendas, social norms, and political*
141 *systems."* (World Health Organisation, 2017, x)
142
143 This study describes structural violence experienced by NGO providers and migrants in northern
144 France and examines its influence on WHO's ten SDH for migrants (i.e. social gradient, social
145 exclusion, social support, stress, food, transport, early life, work, unemployment, addiction)
146 (Wilkinson, R; Marmot, 2003). Many of these determinants are interrelated. For example, access to
147 adequate food (and shelter) not only reduces stress but also influences migrant safety and risk of
148 disease, which impacts health and wellbeing (Cole and Fielding, 2007; Castaneda *et al.*, 2015;

Dhesi, Davies and Isakjee, 2015). Social gradient, whether measured by wealth, residence, or education, shows those at the bottom having the least power and resources and averaging shorter and unhealthier lives. Social exclusion (e.g. through institutional racism, discrimination, and xenophobia) affects all determinants from stress, to work opportunities, to social support, which in turn affect health and wellbeing by reinforcing marginalisation and undermining individual dignity (Castañeda, 2010; Larchanché, 2012). Examining SDH allows consideration of how limiting access to services and support contributes to health risks and creates 'unequal life chances', which, when conducted by a social or political institution, indicates the exertion of structural violence (Farmer, Paul E; Nizeye, B; Stulac, S; Keshavjee, 2006).

This study aimed to explore the provision of health services to migrants in Calais and La Linière, through a structural violence lens. It can contribute to discourse on the effects of structural violence on the functioning of non-state providers and migrants in precarious conditions and consideration of structural violence in migrant health policy decisions.

Methods

Study design and research questions

We chose a qualitative interview study design, including participants delivering non-governmental services in Calais and Dunkerque. We adapted the Institute of Migration definition of 'migrant' as someone entering the EU away from 'his/her habitual place of residence' who has not completed a legal process of claiming asylum (e.g. refugees, asylum-seekers, undocumented/unclear) (IOM, 2013). Our research questions were: (i) "How do aid worker perspectives illustrate instances of structural violence in Calais?" and (ii) "How do inductive themes exemplify the interaction between structural violence and SDH?"

Data collection

Participants were sampled and recruited purposively. An internet search identified 20 registered charities working with migrants in northern France. Interviewee inclusion criteria were: (i) aged over 18 and having worked in Calais or La Linière for at least two weeks in the past 12 months.

After responding positively to recruitment emails and providing written informed consent, 20 current and former staff from 14 organisations participated during 2017, 13 who had worked in Calais and 7 in La Linière. Interviewees were an even mix of French and international NGO staff and one UN employee. As diversity and background were important considerations, we endeavoured to include perspectives from as broad a range of NGOs and staff as possible. Two of the NGOs included were international healthcare organisations, but no longer provided healthcare in the region since the camps were demolished. The other NGOs focussed on humanitarian and social services, with any clinically-qualified workers only acting in a lay capacity such as providing ad hoc first aid.

We collected data face-to-face, via telephone and in writing. We conducted 10 face-to-face interviews and seven over the phone, all in English. Three participants contributed written responses, one in English and two in French.

[add Table 1]

The region that includes Calais and La Linière spreads across two governmental departments, Pas-de-Calais and Nord. Bureaucratic complexities vary between departments and towns, as do political context and services management. However, as most NGOs deliver services across both areas, interviewee perspectives were not delineated by governmental department unless relevant.

A topic guide included health services and resource provision, barriers/enablers to service provision, perceived impact of NGO services, state policy and police approaches, and perceived impact on migrant health and wellbeing. BP and AT conducted, translated and transcribed interviews, which took approximately 45-75 minutes each. Interviewees were anonymised using identification codes.

Analysis

The process of research question development, sample selection, data collection, and coding was inductive, with interviews analysed thematically, informed by our conceptual framework. Interview transcripts were coded using line-by-line analysis to identify and draw out themes, then coded concurrently and repeatedly until no new themes arose. We used exertion of structural violence on migrants as a lens through which to examine our data, using the literatures on structural violence and SDH to help guide our interpretations.

Initial codes were: (i) NGO roles; (ii) individuals' roles; (ii) institutional roles; (iii) criminalisation and physical violence; (iv) food; (v) material resources; (vi) other support; (vii) inclusion and integration (viii) dignity and empowerment (ix) barriers to service provision; (x) French state involvement; (xi) larger political context; and (xii) wider policy. These were combined and analysed into three final themes. The first theme of power dynamics describes how NGOs expanded their roles to meet migrant welfare needs usually met by the state, while the French state increasingly focused on enforcement. These complexities are further illuminated in the second theme on the complex nature of resource allocation and barriers to services access for migrants. Overall support for migrants was limited and resources available to migrants were only allocated through specific pathways with significant access barriers. Examining power differentials and resource allocation led to our third theme considering how structural violence affected migrant SDH. We thus reached thematic saturation of concepts related to structural violence in this setting. We continued to recruit until we were confident that no new themes were emerging and we had a rich description of themes and how they interrelated.

Ethics

The Observational Research Ethics Committee of the London School of Hygiene and Topical Medicine (reference 13928) and Research Ethics Board of King's College London (reference LRU-16/17-4670) provided ethics approval. Ethical dilemmas focussed around language barriers, which were overcome by ensuring that consent forms and topic guides were translated and reverse translated into French.

We chose to interview NGO staff rather than migrants, as this study focussed on structural violence and unequal life chances through resource distribution, and NGO staff are critical to this and familiar with the complexities of NGO responses in the region. Additionally, time and resource constraints convinced us that it would be unethical to interview migrants during this phase of data collection. Thus, we chose to interview NGO staff directly involved in allocating resources in these unstable environments to gain a richer understanding of how the support system worked in northern France and the perspectives of those providing services. All interviewees had long-term experience of delivering NGO support in the region, and the interview guides focussed on their experience of working with migrants while acknowledging the limitation of this approach to data collection.

Results

Our themes were: (i) power dynamics between NGOs and the state; (ii) resource allocation and barriers to accessing services; and (iii) effects of structural violence on migrants' social determinants of health. These three themes help us understand the health and wellbeing of migrants, through a descriptive lens of structural violence, as we examined how power dynamics between NGOs and the state affected services and support to migrants, which in turn impacted the multi-factored social determinants of health for migrants.

Power dynamics between NGOs and the state

Significant power differentials between NGOs, the French state, and migrants became apparent with the expanded role of NGOs and state focus on law enforcement. NGOs navigated a delicate balance of providing humanitarian assistance and acting as advocate while encouraging the state to take on its human rights responsibilities. Interviewees expressed considerable frustration at the state's power to ignore humanitarian need. While NGOs wanted to "*work with and complement the system" (*C1), many interviewees expressed frustration that their work seemed to replace state responsibility.

> "*It's like… the state should be doing this [service provision]. We'll do it, because you're [the French state] not, but this is not OK.*" (C2)

Interviewees were clear that they had no wish to replace the state, and *"the system needs to be better and…until that happens…we need to step in to fill the gap"* (C1). However, interviewees reported feeling largely helpless to address these issues and even forced into creating a system that ran concurrently to the state, instead of complementing it. This was the case across emergency health support, social care, and food distributions – interviewees commented negatively that they were filling gaps, which was unhelpful for migrants.

> "*It's unhelpful to make people think there's another safety net…and a system to run concurrent to the official one, but that's where we are..." (C1).*

In addition to describing feeling as though they were replacing state responsibility, interviewees noted that the state actively limited their efforts. They were required to shift service delivery to fit within boundaries set by the government, such as limiting distribution points to one hour and constantly changing locations to ensure that individuals living on the streets were less able to access services.

> *"The constant change… First, they let us hand out food and resources whenever we want, then it's once a day in a specific place, and armed police come and watch us. Now we can stop on the side of the road, and they've taken out the waterspouts. It's a structured effort by the authorities do everything they can to both undermine our work and to dehumanise the refugees. All we can do is adapt to the situation" (C5)*

Interviewees suggested that the French state exerted power by creating an environment of intimidation for both NGO workers and migrants.

> "…*snatching phones out of volunteers' hands, deleting videos off people's phones… shutting doors while people are inside the vans... taking photos of IDs on their personal phones"* (C11)

Furthermore, interviewees described being viewed by the state as '*agents of chaos',* when NGOs were actually making significant efforts to collaborate in providing effective and efficient services for migrants.

> *"It's been a lot of work with various associations trying to come together from across the political spectrum… but all volunteers are seen as agents of chaos and here to disrupt the state…. even though our goal is to underpin the system." (C1)*

Dynamics between state and NGOs were further tested by NGOs stretching their role by taking the state to court for attempting to limit NGO work. In 2017, a ban on food distribution by the mayor of Calais was rejected in court because of NGO action. Such court cases have continued, forcing the state to withdraw some of its more restrictive policies on NGO action.

> *"We'll keep [providing services] as long as people need them… Distributions are normally finished by the police officers who arbitrarily and extra-judicially decide that we can only distribute an hour a day [but] we'll [continue to] challenge this legally." (C6)*

While the state and NGOs enacted power dynamics through policy and judicial systems, interviewees were clear that they also considered how their role created a power differential between NGOs and migrant communities.

> *"There are a lot of questions about what we're doing and why we have the ability to do it. Trying to balance advocacy and rights and empowerment, institutionally as an organisation it makes us uncomfortable. What gives us the right to decide who gets a clean pair of socks and who doesn't? People lining up for loo roll, that is something that I want us to continually question" (C9)*

Despite questioning their roles, interviewees described advocacy efforts as an essential component of their work. Whether advocating on behalf of an individual at the hospital or taking the local government to court, advocacy helped ensure the services that were in place worked for migrants.

"Even though the state does not provide some services, from our point of view, we must advocate, we must push them, we must make them do things. We cannot do things for them. It is not an underdeveloped country. Services exist. Money is present. This is not the problem. The problem is the lack of vision, the lack of plan" (C20)

Interviewees continually questioned their ability to comment on the migrant experience or how the system worked, given their inherently privileged position.

"I'm quite mindful as to how much of an opinion I can or should have, on what France is like for a young person of colour, for a young Muslim, or even to be a young immigrant within the climate, the context that exists here at present." (C8)

In addition to their hesitation in commenting on the migrant experience, some interviewees - particularly British workers - noted that they needed to constantly consider their privilege, to ensure that they were not biased against the town itself.

"*It's very easy to forget that it's different when it's in your town...the inherent privilege you have as an individual because of where you're born and the unearned freedoms from certain fears you have. It becomes a bit of an odd privilege to try and unpick, to do some self-work on. This isn't my town every day. I can pack up and go back to the UK (C4).*

Finally, interviewees detailed the power dynamics between the French state and migrants as enacted by state exertion of its power over migrants through violence.

"I think they exert a systemic level of violence against people here, and like the cold sort of creeping nature of it is far beyond individual acts of violence… its far beyond that." (C18)

Resource allocation and barriers to accessing services

Given the fluid environment in northern France, resource distribution was ad hoc, primarily through NGO efforts. Local NGOs distributed food and materials daily at specific points in Calais, which one interviewee described as "*essentially homeless outreach for up to 800 people"* (C1). Interviewees reported that this included water distribution, as despite orders from a French judge in

July 2018, "*There are currently no points to get potable water in Calais"* (C2) (Welander and Gerlach, 2018).

In addition to humanitarian aid, NGO's largely acted as intermediaries for migrants, supporting access to services. Although some NGOs provided healthcare services, at the time of data collection – after the destruction of La Linière and Jungle camps - this had been reduced to intermittent emergency aid only, and no NGOs provided consistent frontline healthcare support. Instead, NGOs focussed on supporting access to state health and social services. Interviewees described their role as driving migrants to hospital and acting "*as advocate, pushing for what you think is the best outcome, as well as translating what the doctors say"* (C2). Similarly, others reported their role as coordinating access to *"jurists, social workers and community workers… to identify those at risk and build relationships so we can help them*" (C4). These services were largely for underage migrants who were eligible for protections but needed support in accessing them.

Despite NGO efforts to provide at least basic support, barriers existed to both delivery and access. Most interviewees described a culture of criminalisation and marginalisation of citizen action. Rather than being perceived as supporting the state and human rights, NGO staff were "*framed as people who are going against the law"* (C3). Interviewees argued that criminalisation of migrants, "systemic levels of violence" by the state, and riot police tasked with implementing a zero-tolerance policy, affected migrants mentally, physically, and in terms of accessing services.

> *"there is collective punishment... they pepper spray them in the eyes while they're stood there not doing anything... taking people's shoes, taking people's phones, making people walk through muddy rivers at the point of tear gas guns... I wouldn't be able to say that it's anything less than systemic, calculated violence." (C4)*

Aside from physical violence exerted on migrants, interviewees reported barriers to care through French state policy of limiting access to resources. Migrants without documentation, and therefore ineligible for universal healthcare insurance in France, were able to access PASS emergency

health centres that all public hospitals are mandated to provide (Andre and Azzedine, 2016; Noret, 2017). However, in practice, public hospitals did not always provide this, and interviewees reported that migrants faced restricted access through bureaucratic barriers and doctors refusing to treat them.

> *"In theory they can* [access hospital care], *but I've been there in incidences where it hasn't happened… its very bureaucratic because you're meant to go to a surgeon's hospital for a surgical problem… and then if it's an emergency the hospital just says, 'No, you're not in the right hospital."* (C16)

Even when migrants were able to access services, restrictions on support provided additional barriers, such as being required to return each day to the pharmacy for medication.

> *"The PASS only covers urgencies, and it does cover antibiotics and drugs but you have to go back to the hospital, there is the pharmacy in the hospital, where they like, the pharmacy de PASS where they give you the medication every day, you can't just get…like go to a regular pharmacy and get them all at once, you have to go back to that thing every day" (C8)*

Literacy and language were an additional barrier for migrants, although many picked up basic English. Navigating available services or interacting with authorities was often challenging.

> *'… he got robbed and his telephone got taken, his only link to his family, and I went to the cops and the most hilarious thing of broken telephone, because he spoke Bahi, which is like a language of Afghanistan, and spoke to a man who spoke Farsi and English who spoke to me and then I spoke French."* (C19)

Accessing transport was a significant additional barrier.

> *"…due to lack of information, language barriers, or difficulty in moving to health services few migrants manage to access these services of the state." (C14)*

Interviewees often described migrants general fear of the system, e.g. due to the constant state presence.

406 *"The constant presence of police, even when it's not the ones with the big guns, its super*
407 *intimidating, just the constant presence of just like, the authorities, it's not helpful. It's a*
408 *problem for the migrants. They should be scared as well, it's not like those men are there to*
409 *help them. (C8)*
410
411 While support such as transport did exist when the official camps were in place, these services
412 quickly disappeared after the camps were closed.
413 *"[In Grande-Synthe], we had the possibility to bring people…to PASS, there was a shuttle*
414 *to take them there, I think City Hall organised, but now that doesn't happen." (C15)*
415
416 Efforts to surmount these barriers passed by default to NGO staff, who took on the role of
417 supporting migrant access to health services.
418 *"Whether that is driving them to the clinic or the emergency room, acting as translator,*
419 *taking a first kit out with us, or just waiting with a refugee until they're seen at the*
420 *hospital." (C6)*
421
422 Because of these barriers, it seemed that migrants rarely sought medical assistance for
423 anything other than severe medical emergencies – the data yielded no findings related to
424 migrant experiences with chronic diseases. This was partly because of our focus on general
425 health services and interviewee focus on emergency healthcare, as available healthcare
426 services at the time of data collection did not include provision for chronic and non-
427 communicable diseases. The PASS system was solely for emergency healthcare provision and
428 the few NGOs providing healthcare services focussed on acute and first-aid support.
429
430 *Social determinants of health*
431 Interviewees highlighted numerous effects of structural violence on migrant SDH, which we
432 categorised under the sub-themes of: (i) food, as well as shelter and material goods; (ii) work and
433 unemployment; (iii) early life, in terms of welfare and education for children and young people (iv)
434 social gradient, exclusion, and support. Access to, or lack of, these essential determinants affected

migrants' health and wellbeing and appeared controlled significantly through structural violence. Stress permeated and therefore crosscut all determinants discussed, while addiction was not mentioned by interviewees.

Food, shelter, and material goods. Though food and material goods were the most frequently available resource for migrants due to daily NGO distributions, supply limitations due to reliance on charitable donations meant migrants often could not access all they needed.

> *"In terms of material donations, it's up and down. Sometimes we receive a lot of stuff, sometimes we have periods, where there is nothing, and we just have to make do, people don't get what they need, which doesn't seem fair. With some things, we have to go out and buy it, like toilet paper…" (C5)*

Limited access to clean clothes, combined with barriers to accessing hygiene facilities, directly affected migrants' physical health, demonstrating the need for bathing and laundry facilities in even the most precarious environments.

> *"The health is dire. A lot of very avoidable things as well, like scabies, because people don't have clean clothes, they don't have anywhere to wash. Infections are massive, people jumping over fences, don't have anywhere to wash, anywhere to keep clean, people get horrible feet because they never get new shoes." (*C4)

Sleeping bags and blankets were limited by police action, despite being essential.

> *"They find a sleeping bag, it gets pepper-sprayed or it gets tear-gassed, and that's the end of that. Like that's why we're always running out of bedding. It's because we distribute more now than we did in terms of bedding during the Jungle. Yeah, it's wildly unsustainable to a large extent. People can use their blankets maybe one time before it gets ruined. We do have people going around trying to collect bedding so we can wash and de-contaminate bedding but it can only go so far. And tents, there's no point in even trying, they just get destroyed."* (C14)

Work and unemployment. Although important SDH, with limited opportunities for migrants in northern France, interviewees rarely mentioned livelihoods. Several did note that while the Jungle was in place, migrants had homes, however precarious, and the ability to have an income through running restaurants or small shops, all of which disappeared when the camps were torn down.

> *"When there was a Jungle, it was different because people were living there, they had jobs. They had restaurants. They had a place to live."* (C5)

Early life. Large numbers of children and young people were often unaccompanied, and NGOs have published several reports on support for young migrants. However, despite increased awareness, early life opportunities for migrants were constrained. Interviewees frequently discussed education, particularly its shifting availability. Despite large numbers of young migrants, their access to education was limited. In both La Linière and the Jungle, NGOs started pop-up schools for young people and the French government provided some access to schools for older children.

> *"There was a school for children and there was activities only to make them busy because the children in the camp were really crazy… But actually, the state had to provide school for the children. Yeah, its French law which is like this. Every children under 16, they have to go to school. So, there were shuttles from the camp to school and college in G-S."* (C20)

However, despite migrants' legal right to education, zero-tolerance approaches meant these efforts ceased when the camps were destroyed.

Social gradient, exclusion, and support. These issues were pervasive, encompassing harassment, discrimination, and access barriers described earlier as well as frequently discussed and interrelated issues of safety, integration, dignity, and empowerment. While food and clothing were relatively readily available for migrants, robust shelter was a luxury most were unable to access after the camps were destroyed. Safety was thus an ongoing and stressful issue, whether due to criminality, police violence, or freezing temperatures. After destruction of the camps, many

migrants lived in small pockets around Calais, constantly disrupted by police activity. This included tear-gassing tents and moving or destroying any semi-permanent encampments.

> *"Another aspect of this is another, less direct, form of violence whereby they don't allow people to settle at all. So, if they find camps and things, or if they find any sort of settlement, they move it on or destroy it."* (C2)

Structural and police violence were not the only ways in which being 'on the bottom rungs' of the social gradient could be unsafe for migrants, as safety issues had also existed in the camps.

> *"When I was there [La Linière], there were locks on the toilets and lighting…but towards the end of my time there, AFEGI, removed the locks on the toilets because they said it was safety reasons for women…I couldn't quite figure out the reasons they felt like women could get locked in there. There were cases of abuse already happening, even with locked doors."* (L13)

However, interviewees described camps as having provided a level of stability and social inclusion, even though temporary. Lack of any temporary 'home,' in addition to increased physical health risks, removed an essential source of stability and normality for migrants who were already navigating an unstable and unwelcoming environment.

> *"In the Jungle…there was a community and people had somewhere to call their home, regardless of how precarious that was." (C8)*

After the camps were destroyed, interviewees described social exclusion increasing due to lack of integration with both local residents and other migrants. The zero-tolerance policy in Calais meant anyone who looked 'other' was at risk of interrogation and dispersal by the authorities.

> *"The authorities in Calais had a zero tolerance towards refugees so there was no refugees allowed in Calais, so if there…someone from a different community was walking down the street, he would be immediately asked to present his documents, so whether that would a local man from Calais who happens to be black or from an ethnic background to anyone who was a refugee, they would be immediately asked to present their documents"* (C1)

Interviewees reported mixed social exclusion reactions from local residents. While considerable support for zero-tolerance policies fit political stereotypes of the area, a significant proportion of the population provided social support to migrants in the ways they could, and one of the largest operational NGOs in the area was founded by Calais residents. However, interviewees reported that the protracted existence of migrants in the area had resulted in fatigue and, while once migrant social integration might have been welcomed by residents, much of that good will had dissipated.

> *"There have been a lot of residents in Calais doing things over the years… You know.. l'Auberge de Migrants was started by Calais residents, people who live in the area… there is a certain amount of fatigue amongst people, even if you were, 20 years ago when you were 30, giving out bottles of water, cooking pans of soup, letting people eat in your garden, 20 years later, it's still happening, there's no end in sight, and the people of Calais are being left to deal with this and respond to it...Calais sort of has a very odd relationship with it. It is being asked to pick up the slack of a lot of global and European questions that are not being asked"* (C2)

Interviewees indicated that most migrants chose to remain with their compatriots, establishing small temporary camps with those with whom they could share a common cultural and linguistic bond, a small semblance of security amidst constant change. These commonalities appeared to enhance feelings of social support, meaning that even if migrants had not socially integrated into surrounding communities, they created their own communities in what could otherwise be a hostile environment.

> *"Yeah its camps… the two biggest ones are the Sudanese and the Afghans because they mostly stay with their communities – it's a language and support thing." (L12*)

Interviewees often mentioned the related values of dignity and empowerment, with dignity essential in enabling individuals to feel included, supported, and valued in any context, while empowerment increases informed choice, active participation, inclusion, and equity. While the

overarching goal of NGOs in northern France was to *"to provide dignity and support…whatever that means"* (C11), interviewees often noted that their actions, while essential, had the opposite effect on dignity and empowerment. They indicated that NGO services had mixed value for migrants, in that although NGO services provided essential support - including food and transport - that migrants could not access elsewhere, the very reliance on NGO support and material donations could inadvertently cause migrants to feel disempowered and without dignity. Interviewees described emergency aid provided by NGOs as inherently disempowering, noting that issues of dignity and empowerment must be considered when developing services, as they struggled to navigate the interplay between providing services that fit the material needs of migrants, while at the same time undermining their dignity and empowerment.

> *"A lot of the more dignified elements… allowing people to cook for themselves…build stock for themselves and have food security…. Helping people build and maintain their shelters… have shifted to direct necessary assistance based on the reality, which is a shame because a lot of what we do is deeply disempowering."* (C4)

Interviewees described how concern for dignity increased as camps in the area were destroyed and NGOs had to transition from providing a wide range of services to providing essential humanitarian aid.

> *"So, where we were able...where we were once able to focus on dignity and access to services and different forms of support, including information and legal support, where we were once able to do that because people had enough blankets…of course we'd rather be able to help people help themselves, but unfortunately this is the reality now." (C12)*

Disempowerment concerns were not only related to NGO roles. Interviewees described concerns about the impact of the environment, particularly lack of information access on migrants' empowerment. Migrants were often stranded without access to internet or any other information sources.

> *"The disempowerment that comes from people not knowing what the situation is in the world, not being able to contact their families" (*C12)

Interviewees reported several NGO efforts to empower migrants, including providing legal and social information, advice, and contact with families. One NGO's sole purpose was to provide WIFI and charging points to migrants sleeping rough so they could research their options and contact families.

> *"It's important to be able to do things for yourself if you can, so that's another thing we have, the van and information about how you can apply for sponsored phone top-up. So, there are few little pieces of information like that, translated into as many languages as we could think of, that we'll have in the van, which will hopefully provide a little bit of human dignity." (C13)*

These worsening challenges to migrants' dignity and empowerment arguably contributed to their isolation and social exclusion, further evidencing migrants' occupation of a 'bottom rung' of French society.

Discussion

We have considered structural violence in northern France, from a non-state provider perspective, as primarily embodying access restrictions to material resources, healthcare, and support services. The literature supports this interpretation of restrictions as a *"tool of oppression*" (Galtung, 1969, p 180). The state exerted a typical conception of structural violence by restricting access to PASS health services, thus threatening migrant livelihoods (Galtung, 1969; Larchanché, 2012). WHO defines full access to health services as a key social determinant and exclusion as disempowering and dangerous (Jakab, 2015). Policy changes to restrict health services access, combined with language barriers and intimidation, aligned with Larchanché's description of structural violence manifested through "*intangible obstacles"* (Larchanché, 2012, p 858). State-exerted intangible barriers pressured migrants to seek NGO support for facilitation and advocacy (Stuber, Meyer and Link, 2008).

NGO services provision for migrants in northern France was complex and contested. NGOs provided services the state would not, facilitation, and advocacy. However, navigating this complex landscape could at times contribute to 'othering' and disempowering the migrants that interviewees aimed to help, supporting Tiktin's findings on 'casualties of care' (Ticktin, 2011) and the literature on services provision in fragile settings. Replicating state services and acting as a voice for migrants, while arguably helpful and well-intended, could obscure and in some senses diminish both state responsibility and migrant agency (FRA (European Union Agency for Fundamental Rights), 2015; Pottie *et al.*, 2015). The French state was legally obliged to provide some services, but could more readily avoid providing others if NGO services were forefronted. 'Giving voice' to migrants, through spaces and platforms, was an ethical imperative. 'Being a voice,' though often equated, could be presumptuous and othering in its privileging of Western narratives. Interviewees expressed awareness of these challenges, as we similarly interrogated our focus on provider perspectives.

Power dynamics in northern France enacted an environment of structural violence. Contentious dynamics between NGOs and the state, both of which migrants relied on for support while having little influence over either, likely affected migrant wellbeing (Castaneda *et al.*, 2015). While structural violence is embedded within state systems, conflict between state and NGOs also exerted structural violence on migrants. When contentious relations between NGOs and the state flared, migrants were caught between dependency on these institutions and limited power to advocate for themselves. This reinforced migrant marginalisation, negatively affecting perceived dignity and empowerment (Castañeda, 2010; Duguet and Bévière, 2011; Larchanché, 2012; Schaffer, K; Smith, 2016). Structural and political violence thus contributed to what Ansems de Vries described as 'politics of exhaustion' (Welander, M; Ansems De Vries, 2016)**,** in which both migrant and aid-worker agency was worn down by uncertainty, criminalisation, and state-sanctioned violence.

Structural violence threatened migrant wellbeing through restricted services, intentional chaos, and potential disempowerment. Migrants in northern France experienced multiple inequalities. Service

restrictions created actual and anticipated barriers that reduced access to needed resources. State interactions - primarily by police - appeared intentionally chaotic and fragmented, as enacting zero-tolerance potentially violated Article 4 of the EU Charter of Fundamental Rights prohibiting degrading treatment or punishment ('Charter of Fundamental Rights of the European Union', 2012). As such, these interactions exemplified political rather than structural violence (Hollander, 2008) and reflected the literature on homelessness and state-sanctioned rights abuses.

Examination of migrant SDH, and the barriers affecting them, also illustrated structural violence. Those SDH discussed by interviewees related to one or more systemic barrier of oppression, which in turn risked migrant health and wellbeing. For example, Farmer described restrictions enacted by the state on allocation of food and material supplies, as tools of oppression (Farmer, 2002). The state's ability to limit public and NGO services negatively affected migrant 'life chances.' Exertion of state powers to destroy encampments and tents, were examples of political violence aimed at instilling insecurity, fear and stress, and thus indicative of structural violence in terms of a social or political institution using its power to systematically discriminate against a particularly group of people. Along with overt state efforts to limit migrants' SDH, the culture of intolerance had additional repercussions on migrant health and wellbeing. Zero tolerance meant migrants lost access to transport and education, and could be required to provide identity documents at any time. These efforts to undermine the human rights of migrants also demonstrated a culture of structural violence and were indicative of Willen and Casteñeda's focus on legality and belonging (Castañeda, 2009; Willen, 2012). By ensuring that migrants, at all times, were 'illegal' and 'other,' the state created a culture of systemic ingrained discrimination. Migrant dignity was further challenged by reliance on NGOs, lack of information, and a disempowering environment. These conditions evoke consideration of Agamben's 'bare life' conceptualisation, with migrants in northern France navigating within a precarious and agency-limiting space (Agamben, 1998).

The structural violence exerted on migrants in northern France was not unique – it is enacted against migrants across the continent, as they are stuck in complex power dynamics, reliant on

NGO services, and have SDH negatively affected and restricted. No resolution of the migrant situation in France is possible without resolving the global migrant crisis and cycles of war and famine that displace millions of people globally. The situation remains complex and tensions between the French state and NGOs continue. However, interviewees suggested that small steps could improve the situation on the ground, such as easing service distribution restrictions and installing toilets and waterspouts. Continued efforts to alleviate the crisis in northern France, while discouraging migrants coming to the area, require articulation of the negative effects of currently enacted policy. For example, the zero-tolerance policy for migrants threatens migrants' right to health while being ineffective in removing them from the streets.

Implications of this research are varied in terms of research, policy, and practice. It is imperative that future research not only continues to analyse the constantly changing roles of NGOs and the state, further interrogating the complex roles of NGOs operating in wealthy nations, but also includes the voices of migrants, and is adequately resourced and safeguarded to do so. In terms of social policy, replacing police violence with supportive government services, would not only address issues of systemic fear and physical injury but also contribute to social inclusion and integration - therefore creating a more sustainable environment for both migrants and host communities. In terms of practice, state support for basic humanitarian requirements, such as toilets and court-ordered waterspout reinstallation, food distribution, safe shelter, communication with loved ones, and right to request asylum, could immediately help to improve migrants' safety and dignity, address several social determinants of health, and reduce disease and welfare risks (e.g. deaths from cold or unsafe fires). This does not mean establishment of a new 'Jungle,' or even La Linière, as the way forward. Instead, well-planned and adequately-resourced spaces for migrants to exist with dignity and opportunities to integrate with local communities and access livelihoods and education, while their next steps are determined are urgently needed.

Broader policy change, not just in northern France, but across Europe, is needed to address these complex issues. Although the structural violence currently exerted by the French government can and should be addressed through policy changes on social support, safety, education and

694 inclusion, the larger migrant crisis will continue to push individuals towards the border of France
695 and the UK. Until EU governments honour their international commitments on asylum, and work
696 collaboratively to address migration, situations such as in northern France will continue indefinitely.
697
698 Several study limitations should be considered. First, research was based on NGO staff interviews
699 and therefore subject to respondent bias, particularly due to conflicts between NGOs and the
700 French state. Second, the absence of migrant interviews meant their voices could not be included.
701 We chose not to conduct migrant interviews for two reasons. Primarily, we did not have sufficient
702 time and resources to conduct them rigorously and ethically in a way that would strengthen
703 existing health literature. Additionally, we wanted to examine provider experiences of and
704 perspectives on structural violence. Third, our inclusion of SDH within analysis was constrained by
705 a lack of theoretical clarity and agreement in the literature on WHO's health determinants. Fourth,
706 given the fluidity of this context, details around service delivery may rapidly become historical.
707 However, the issues examined are unlikely to change while the state continues to contest
708 migrants' rights to remain in northern France. Finally, as peer-reviewed health research was
709 minimal, we relied on government statistics, grey literature, and NGO estimates for data.
710

711 **Conclusions**

712 Interviewees described NGOs' role in providing migrant services in northern France as complex.
713 Services were imperfect, and migrants were required to access them within a restrictive and
714 intimidating policy environment. NGOs worked within a context of structural violence exerted by the
715 French state, which required migrants to navigate these complex power dynamics in ways that
716 reduced their dignity and wellbeing. Enacted barriers negatively affected migrants' social
717 determinants of health, further linking structural violence and migrant health and wellbeing. The
718 structural and political violence exerted on migrants in northern France appeared to diminish their
719 life chances while being an ineffective deterrent, indicating better approaches that enable social
720 integration and empowerment are needed.
721

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Tables and figures

Table 1. Interviewee characteristics

ID code	Site	Organisation type	Role	Interview location	Interview language
C1	Calais	International NGO	Delivery Manager	In-person (Calais)	English
C2	Calais	National NGO	Youth Worker	In-person (Calais)	English
C3	Calais	National NGO	Translator/Advocate	In-person (Paris)	English
L4	La Linière	National NGO	Youth Worker	In-person (Paris)	English
C5	Calais	National NGO	Delivery Manager	In-person (Calais)	English
L6	La Linière	International NGO	Outreach Manager	In person (Paris)	English
C7	Calais	International NGO	Volunteer	In-person (Calais)	English
C8	Calais	National NGO	Advocate	In-person (Calais)	English
C9	Calais	National NGO	Chief Executive	Telephone	English
C10	Calais	National NGO	Volunteer Social Worker	Telephone	English
C11	Calais	National NGO	Outreach Worker	In-person (Calais)	English
L12	La Linière	National NGO	Outreach worker	Telephone	English
L13	La Linière	International NGO	Service delivery manager	Telephone	English
L14	La Linière	International NGO	Volunteer	Telephone	English
L15	La Linière	International NGO	Volunteer	Written	French
L16	La Linière	International NGO	Volunteer	Written	French
C17	Calais	International NGO	Volunteer	Written	English
C18	Calais	UN Agency	Support Worker	Telephone	English
C19	Calais	National NGO	Volunteer	Telephone	English
C20	Calais	International NGO	Service delivery manager	In-person	English