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Civil Society & Irregular Migration in Northeastern France:
The Formation of NGO Support Networks from Sangatte to the Present

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ABSTRACT

A humanitarian crisis has been developing in northeastern France since the 1990s. As migrants pass through the coast of what is today known as the Hauts-de-France in an effort to cross the English Channel and claim asylum in the United Kingdom, they confront an antagonistic response by the French government that withholds regular access to food, water, medical care, and shelter. The absence of these services compounds with potential threats to their physical and mental health that they have already faced before arrival in the country. Mostly “irregular” migrants, also known as “undocumented,” they lack access to the majority of state benefits otherwise offered to “regular” migrants, or those who arrive through codified legal channels. In response, civil society organizations have attempted to fill the void left by the absence of state assistance. To support their work, organizations across the coast have coalesced into a series of partnership networks that transcend size, date of establishment, and resources. This case study seeks to understand these partnerships by investigating the following research question: Why have these NGO networks developed along the coast in such a way? Using a mixed-methods research approach to address this question, the study found that network formation has taken place during periods of time when the state has developed increasingly antagonistic policies toward undocumented migrants since the late 1990s. In particular, two state-mandated migrant camps catalyzed the coalescence of NGO networks in the region: the Sangatte Reception Center (1999-2002) and the Jules Ferry Center and surrounding area known as the Calais “Jungle” (2014-2016). In particular, the circumstances during and after the Sangatte Reception Center began the process of network coalescence that subsequently accelerated after the “Jungle” was dismantled in 2016.

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INTRODUCTION

A humanitarian crisis has been developing in northeastern France since the 1990s. As migrants pass through the coast of what is today known as the Hauts-de-France in an effort to cross the English Channel and claim asylum in the United Kingdom, they confront an antagonistic response by the French government that withholds regular access to food, water, medical care, and shelter. The absence of these services compounds with potential threats to their physical and mental health that they have already faced before arrival in the country. Mostly “irregular” migrants, also known as “undocumented,” they lack access to the majority of state benefits otherwise offered to “regular” migrants, or those who arrive through codified legal channels.¹ Most recently during the so-called European Refugee Crisis when the number of migrants swelled by the thousands along the French coastline of the English Channel, cities like Calais, Dunkirk, Grande-Synthe, and their surrounding areas have attracted international media attention in light of the region’s relationship to irregular migration. In 2021 alone, a record 28,000 people departed the French coast of the English Channel to claim asylum in the United Kingdom, while over 1,000 people were shipwrecked and dozens more died in the process.²

In response, civil society organizations have attempted to fill the void left by the absence of state assistance. In the last two decades, non-governmental organizations (NGOs) ranging from small organizations with headquarters in the region to large international NGOs (INGOs) with headquarter around the world have developed humanitarian interventions to improve the

¹ “Key Migration Terms, Migration Glossary | IOM, UN Migration,” n.d., <https://www.iom.int/key-migration-terms>. While no universal legal definition exists to describe undocumented migration, the International Organization for Migration understands it as “movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination.” This case study uses the terms “undocumented” and “irregular” to describe this type of migration.

² “Plus de 28 000 migrants ont traversé la Manche en 2021, un record [More Than 28,000 Migrants Crossed the English Channel in 2021, a Record],” *FRANCE 24*, April 1, 2022, sec. europe, <https://www.france24.com/fr/europe/20220104-plus-de-28-000-migrants-ont-travers%C3%A9-la-manche-en-2021-un-record>.

conditions on the ground. The majority combine humanitarian relief in the form of emergency medical care, transportation to hospitals, and distributions of material items like food and blankets with advocacy initiatives aimed at challenging the state's anti-migrant policies. To support their work, organizations across the coast have coalesced into a series of partnership networks – defined by Keck and Sikkink as “forms of organization characterized by voluntary, reciprocal, and horizontal patterns of communication and exchange” – that transcend size, date of establishment, and resources.³

This case study seeks to understand these partnerships by investigating the following research question: Why have these NGO networks developed along the coast in such a way? Using a mixed-methods research approach to address this question, the study found that network formation has taken place during periods of time when the state has developed increasingly antagonistic policies toward undocumented migrants since the late 1990s. In particular, two critical junctures sparked the coalescence of NGO networks in the region. The first juncture was the closure of a large migrant camp known as the Sangatte Reception Center (1999-2002) during a heightened period of irregular migration, when controversy surrounding the camp prompted the state to limit access to humanitarian support in an effort to dissuade migration through the region. The following juncture was the dismantlement of a second large migrant camp known as the Jules Ferry Center and the Calais “Jungle” that surrounded it (2014-2016), when similar controversy led the state to accelerate its anti-migrant policies once again. The study argues that NGOs responded to each phenomenon by forming partnerships with the collective resources to challenge these policies and provide humanitarian support. In particular, the circumstances

³ Margaret E. Keck and Kathryn Sikkink, *Activists beyond Borders: Advocacy Networks in International Politics* (Cornell University Press, 1998), 8.

during and after the Sangatte Reception Center began the process of network coalescence that subsequently accelerated after the “Jungle” was dismantled in 2016.

The research topic is significant for several reasons. It investigates the strategies that civil society organizations have used to protect vulnerable communities from human rights violations committed by a state otherwise lauded by the international community for its commitment to human rights. The project focuses on the right to health in particular because of its holistic nature as a concept within the human rights framework. In Article 11 of General Comment 14, the Committee on Economic, Social and Cultural Rights (CESCR) described the right to health as a multifaceted entitlement that extends not only to medical services but access to psychosocial support, food, water, shelter, and other social determinants of health as well:

The Committee interprets the right to health, as defined in article 12.1 [of the ICESCR], as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.⁴

Moreover, General Comment 14 provides a framework for understanding state obligations to respect, protect, and fulfill the human right to health.⁵ State health systems must meet four essential and overlapping conditions: availability, accessibility, acceptability, and quality (also known as the AAAQ framework). “Availability” means the state must provide health facilities, goods, and services in sufficient quantities; “accessibility” means that care must be available

⁴ UN Committee on Economic, Social and Cultural Rights, “General Comment No. 14 (2000), The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights),” August 11, 2000, <https://digitallibrary.un.org/record/425041>.

⁵ Article 12.

without discrimination; “acceptability” means that care must be ethical and culturally appropriate; and “quality” means that care must be of high medical and scientific caliber.

France is obligated to uphold the right to health as a state party to three human rights treaties that each touch on rights related to the health of all people in the country, regardless of citizenship status: the ICESCR (Article 12), the European Social Charter (Article 11), and the European Union Charter of Fundamental Rights (Article 35).⁶ Official elaborations on the right to health for undocumented migrants were also developed in 2000 by the Committee on Economic, Social and Cultural Rights (CESCR) in General Comment 14, which stated that governments cannot limit equal access to health care to irregular migrants, as well as by the Council of Europe in its 2006 resolution titled “Human rights of irregular migrants,” which clarified that states should provide “holistic” health care that extends beyond emergency medicine.⁷ While France is one of only five member states in the EU (France, Italy, Portugal, the Netherlands, and Spain) to offer medical care beyond emergency services regardless of citizenship status, the country has developed policies that curtail access to essential services for the undocumented migrants who arrive along the coast.⁸ Though no legal case has been brought against the state for treaty violations in this regard, a growing body of scholars and human rights

⁶ “International Covenant on Economic, Social and Cultural Rights,” n.d., <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>; “European Social Charter,” n.d., <http://hrlibrary.umn.edu/euro/z31escch.html>; “Charter of Fundamental Rights of the European Union,” n.d., <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12012P%2FTXT>.

⁷ “General Comment No. 14 (2000), The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights).”; “PACE - Resolution 1509 (2006) - Human Rights of Irregular Migrants,” n.d., <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=17456&lang=EN>.

⁸ Carin Björngren Cuadra, “Right of Access to Health Care for Undocumented Migrants in EU: A Comparative Study of National Policies,” *European Journal of Public Health* 22, no. 2 (April 1, 2012): 269.

defenders have called attention to the state's blatant denial of the rights of undocumented migrants in the country.⁹

Moreover, the activities of these NGOs have been largely unexplored in academic literature. Pursch et al.'s publication in 2020 has been the only comprehensive analysis of civil society in providing health care to undocumented migrants in the Hauts-de-France. Conducting their research shortly after the French government dismantled the Calais "Jungle" in 2016, they argued that the state has relied on NGOs to provide humanitarian assistance while paradoxically developing policies that limit their ability to do so. The dynamic has undermined health and inhibited access to health care by extension. Their research into the state provides a foundation for a further examination of civil society, particularly analyses of the historical development of these organizations, the specific activities they developed, and the strategies they used to implement them.

The case study investigates and responds to the principal research question across three distinct chapters. Chapter One consists of a literature review that addresses the relationship between the state and civil society. It introduces the theoretical frameworks used in the study and argues that France's public health system has exacerbated a health crisis in the country that civil society organizations have been left to address. The chapter also describes the methodologies that were used in the study. Chapter Two explores the development of state policies and civil society activity beginning in the late 1990s with the Sangatte Reception Center. It argues that the

⁹ Sylvie da Lomba, "Irregular Migrants and the Human Right to Health Care: A Case-Study of Health-Care Provision for Irregular Migrants in France and the UK," *International Journal of Law in Context* 7, no. 3 (September 2011): 357–74; Milena Chimienti and John Solomos, "How Do International Human Rights Influence National Healthcare Provisions for Irregular Migrants?: A Case Study in France and the United Kingdom," *Journal of Human Rights* 15, no. 2 (April 2, 2016): 208–28; G. Ooms, I. Keygnaert, and R. Hammonds, "The Right to Health: From Citizen's Right to Human Right (and Back)," *Public Health* 172 (July 1, 2019): 99–104; "Enforced Misery: The Degrading Treatment of Migrant Children and Adults in Northern France" (Human Rights Watch, October 7, 2021), <https://www.hrw.org/report/2021/10/07/enforced-misery/degrading-treatment-migrant-children-and-adults-northern-france>.

closure of the center catalyzed a crisis that prompted NGOs to form networks that could help them sustain the humanitarian assistance they provided to undocumented migrants. Chapter Three focuses on the circumstances surrounding the Jules Ferry Center and Calais “Jungle” during the so-called European Refugee Crisis in the mid-2010s. It argues that the circumstances surrounding the camp accelerated the formation of NGO networks that had already started to develop after the Sangatte Reception Center closed nearly fifteen years before. The paper concludes with a discussion of the impact that these NGO networks have made on access to humanitarian aid, the importance of analyzing historical developments when examining contemporary politics, and areas of subsequent research that scholars could undertake in light of the case study’s findings.

CHAPTER ONE

Literature Review & Methodology

Through the use of a literature review, Chapter One provides context to the humanitarian and human rights crisis facing undocumented migrants in France. Given the limited amount of scholarship on the intersection of civil society, health, and irregular migration along the French coast of the English Channel, the case study reviewed areas of scholarship that related to the study's research question. The literature review identified three principal categories of literature that were largely published by scholars in the fields of political science, sociology, history, and public health: the theoretical frameworks that underpin the dynamics between the state and civil society; the manifestation of these dynamics on the national level in France with respect to irregular migration; and the manifestation of these dynamic on the local level across the country.

In this chapter, the case study uses the literature review to argue that structural deficiencies in France's public health system have exacerbated a health crisis that civil society organizations have been left to address. The first section of the literature review introduces the Transcalar Theory of Advocacy and the Critical Juncture Theory as two beneficial frameworks for analyzing the influence of pivotal historical developments on the formation of civil society networks. The second section examines literature on the public health crises facing undocumented migrants across France, which deficiencies in state health programs have progressively exacerbated. Finally, the third section explores the national and local responses of civil society organizations to the humanitarian crises facing undocumented migrants across the country, with a particular focus on the region along the coast of the English Channel. The chapter concludes with a discussion of the mixed-methods study design used to address the research question, including a description of the four principal sources of data – case studies of 25 NGOs,

media reports, archival material, and semi-structured interviews – as well as the tactics used to process the data for analysis in Chapters Two and Three.

1.1 LITERATURE REVIEW

Theoretical Frameworks: Critical Junctures & Advocacy Networks

The first of two theoretical frameworks used by this case study concerns the impact of historical events on contemporary politics. The concepts of critical junctures and path dependency describe the ways in which specific moments in history can influence the events that follow. Collier and Collier describe a critical juncture as “a period of significant change, which typically occurs in distinct ways in different countries (or in other units of analysis) and which is hypothesized to produce distinct legacies.”¹⁰ These distinct legacies have been described as “path dependent” events in the academic literature.¹¹ Similarly, Cappocia and Kelemen argue that critical junctures are rare moments in the history of a country or institution that, at the very least, catalyze a consideration of substantial change by the community in question, regardless of whether or not actual change later took place.¹² Analyzing the outcome of a critical juncture requires an understanding of the unique context in which the juncture took place in addition to the juncture itself and the events that followed.¹³ For this case study, the theory of critical junctures and path dependency provided a framework for understanding how the history of the region affected the development of NGO networks that have come to support undocumented migrants along the coast.

¹⁰ Ruth Berins Collier and David Collier, *Shaping the Political Arena - Critical Junctures, the Labor Movement, and Regime Dynamics in Latin America*, (Indiana: University of Notre Dame Press, 1991), 29.

¹¹ Collier and Collier, 27.

¹² Giovanni Capocchia and R. Daniel Kelemen, “The Study of Critical Junctures: Theory, Narrative, and Counterfactuals in Historical Institutionalism,” *World Politics* 59, no. 3 (2007): 352, 268.

¹³ Capocchia and Kelemen, 369.

The second theoretical framework concerns the formation of these support networks. The Transcalar Theory of Advocacy, posited in 2022 in the edited collection of essays by Bloodgood and Pallas, states that the specific contexts related to an issue in question will influence the development of civil society networks that form to address it.¹⁴ It offers a contemporary adaptation of the Boomerang Theory, which Keck and Sikkink created in the late 1990s to argue that domestic NGOs, when confronted with state-imposed obstacles, will partner with international NGOs (INGOs) that pressure the state from outside of the country to change its domestic policies and behavior.¹⁵ Often forming between domestic NGOs in the Global South and INGOs in the Global North, these partnerships create transnational advocacy networks that have the capacity to challenge state human rights violations. While Bloodgood and Pallas extol the Boomerang Theory and argue that it may still apply when explaining the formation of networks in certain contexts, they argue that the empirical data used by Keck and Sikkink to develop their theory can no longer describe the diversity of social and political contexts that currently underscore the formation of NGO networks around the world.¹⁶ The Transcalar Theory, by contrast, states that contemporary advocacy has largely shifted from network formation across the North-South divide to networks of various configurations that reflect the “transnational nature of the issues of policies involved.”¹⁷ As such, the theory provides a more applicable framework for examining the formation of networks along the coast of the English Channel.

Nevertheless, the case study used several key insights by Keck and Sikkink. In particular, their work provides a theoretical understanding of how networks can benefit the civil society

¹⁴ Christopher L. Pallas and Elizabeth A. Bloodgood, eds., *Beyond the Boomerang: From Transnational Advocacy Networks to Transcalar Advocacy in International Politics* (Tuscaloosa: University Alabama Press, 2022).

¹⁵ Keck and Sikkink, *Activists beyond Borders*, 12.

¹⁶ Christopher L. Pallas and Elizabeth A. Bloodgood, *Beyond the Boomerang*, 3.

¹⁷ Christopher L. Pallas and Elizabeth A. Bloodgood, 4.

organizations that join them. Defining advocacy as work undertaken by individuals and organizations that “plead the causes of others or defend a cause or proposition,” they argue that networks may consist of a combination of different facets of civil society, from churches and media outlets to volunteers and NGOs, that develop context-specific initiatives that maximize their respective impact.¹⁸ Networks also facilitate the distribution of information about human rights issues to the general public, the development of collaborative outreach campaigns, the strategies used by organizations to advocate for policy change, and the ability of NGOs to hold governments accountable if the state fails to impose changes that it initially promised to make.¹⁹ Moreover, Keck and Sikkink provide a guide for analyzing the success of these networks: “We can think of networks being effective in various stages: (1) by framing debates and getting issues on the agenda; (2) by encouraging discursive commitments from states and other policy actors; (3) by causing procedural change at the international and domestic level; (4) by affecting policy; and (5) by influencing behavior changes in target actors.”²⁰

Lastly, the case study drew from additional theories from the fields of political science and sociology to facilitate analysis of the research question. Similar to the Transcalar Theory of Advocacy, Klein and Lee argue that relationships between the state and civil society shift in response to unique configurations of government, civil society, and the economy in a given community.²¹ Benhabib sheds additional light on the state-civil society relationship by examining migration and human rights within the European Union.²² She argues that the rights of displaced individuals and communities are regularly violated because states prioritize border

¹⁸ Keck and Sikkink, *Activists beyond Borders*, 8–16.

¹⁹ Keck and Sikkink, 9–37.

²⁰ Keck and Sikkink, 201.

²¹ Steven Klein and Cheol-Sung Lee, “Towards a Dynamic Theory of Civil Society: The Politics of Forward and Backward Infiltration,” *Sociological Theory* 37, no. 1 (March 1, 2019): 62–88.

²² Seyla Benhabib, *The Rights of Others: Aliens, Residents, and Citizens*, The John Robert Seeley Lectures (Cambridge: Cambridge University Press, 2004).

control over universal human rights obligations.²³ Within the European Union, the tension between human rights and state sovereignty manifests in a supranational political arrangement that provides freedoms across borders to citizens of its Member States while sharply restricting access of non-EU citizens to those same rights.²⁴

France: A Health Crisis Exacerbated by the State

The second field of research concerns the outcome of state health programs on undocumented migrants in France. Though on a conceptual level the country's contemporary public health system was designed to ensure access to medical care to undocumented migrants, it has failed to develop into an accessible and functional option for patients in reality. André and Azzedine argue that one of the two major health programs for undocumented migrants – an initiative developed in 2000 called *l'Aide médicale de l'Etat* (State Medical Aid, or AME) that aims to widen access to medical facilities in the country – has been prohibited from operating effectively by the state itself.²⁵ National debates over the AME system, led by far-right groups in particular, have catalyzed rollbacks to state benefits by requiring applicants to reside in France for at least three months, demonstrate an annual income below a certain threshold, pay a fee, and renew the process every year.²⁶ The second program, *La permanence d'accès aux soins de santé* (Fixed Medical Center, or PASS), was developed by the state in 1998 to provide emergency care, maternal medicine, and treatment for communicable diseases like tuberculosis through public

²³ Benhabib, 2.

²⁴ Benhabib, 129–69.

²⁵ Jean-Marie André and Fabienne Azzedine, “Access to Healthcare for Undocumented Migrants in France: A Critical Examination of State Medical Assistance,” *Public Health Reviews* (2107-6952) 37, no. 1 (January 2016): 1.

²⁶ André and Azzedine, “Access to Healthcare for Undocumented Migrants in France.”

programs in hospital systems across the country.²⁷ In an analysis of health care for migrants in France, however, Geeraert argued that flaws have developed within the system as well, including a tendency among hospital staff to admit patients into PASS programs on a case-by-case basis rather than through a transparent and universal process.²⁸

Obstacles to care can create and exacerbate health issues for children and adults. André and Azzedine argued that conditions during an individual's travel can undermine mental health and psychosocial wellbeing, increase exposure to infectious diseases, cause physical trauma, and threaten maternal and child health.²⁹ Moreover, Beauclercq et al. argued that upon arrival in the EU, poorly administered health screenings, discrimination, lack of available information, language barriers, and distrust of medical providers – whom patients may perceive as having an affiliation with state immigration authorities – have obstructed access to medical care as well.³⁰ Prolonged stays in detention centers can lead to a decline in physical and mental health as well, while poor management of health data across borders can limit continuity of care across borders.³¹ Studies by intergovernmental organizations have produced similar findings. A Scoping Study by the International Organization for Migration (IOM) for the European Centre for

²⁷ André and Azzedine, 5; “Les Permanences d'accès Aux Soins de Santé (PASS) - Ministère Des Solidarités et de La Santé [Ministry of Solidarity and Health],” n.d., <https://solidarites-sante.gouv.fr/systeme-de-sante-et-medico-social/parcours-de-sante-vos-droits/modeles-et-documents/article/les-permanences-d-acces-aux-soins-de-sante-pass>.

²⁸ Jérémy Geeraert, “Les frontières à géométrie variable de la citoyenneté. Accès aux soins des migrants dans un dispositif d'assistance [The Varying Geometric Borders of Citizenship: Access to Care for Migrants in an Assistance Program],” *Trajectoires - Travaux des jeunes chercheurs du CIERA*, July 17, 2017, 5, <https://halshs.archives-ouvertes.fr/halshs-01648252>.

²⁹ André and Azzedine, “Access to Healthcare for Undocumented Migrants in France,” 3.

³⁰ Isabelle Beauclercq et al., *Refugee Migration and Health: Challenges for Germany and Europe*, ed. Alexander Krämer and Florian Fischer, Migration, Minorities and Modernity (Cham: Springer International Publishing, 2019), 10, 25–27.; Marie Norredam, Anna Mygind, and Allan Krasnik, “Access to Health Care for Asylum Seekers in the European Union—a Comparative Study of Country Policies,” *European Journal of Public Health* 16, no. 3 (June 1, 2006): 285–89.

³¹ Beauclercq et al., *Refugee Migration and Health: Challenges for Germany and Europe*, 24; Kayvan Bozorgmehr et al., “Infectious Disease Health Services for Refugees and Asylum Seekers during a Time of Crisis: A Scoping Study of Six European Union Countries,” *Health Policy*, Health policies and mixed migration – lessons learnt from the ‘European refugee crisis,’ 123, no. 9 (September 1, 2019): 884.

Disease Control (ECDC) in 2016 concluded that the existence of different processes for registering migrant health data in each country has complicated the ability of medical providers to share information across state borders.³² Data have become so critically mismanaged that the World Health Organization (WHO) published a report in 2020 with suggestions for streamlining information systems across Europe.³³ The findings of these reports are further substantiated by anecdotal accounts. In Larchanché’s publication on health and migration in France, she described an interview with a research participant whose AME benefits were denied because of a state employee’s misunderstanding of the individual’s right to access the program as an undocumented migrant in the country.³⁴

Humanitarian Activity by Civil Society

The final category of academic literature concerns the ways in which civil society organizations have responded to the lack of comprehensive state support. Ticktin’s anthropological work on migration in France has analyzed the ways in which the country’s relationship to health has influenced perceptions of illness among migrants and refugees.³⁵ In the course of describing her research findings, she argued that a “new humanitarianism” began to develop in the 1970s when *Médecins Sans Frontières* (Doctors Without Borders, or MSF) was

³² Bozorgmehr et al., “Infectious Disease Health Services for Refugees and Asylum Seekers during a Time of Crisis.”

³³ “Collection and Integration of Data on Refugee and Migrant Health in the WHO European Region (2020),” n.d., <https://www.euro.who.int/en/publications/abstracts/collection-and-integration-of-data-on-refugee-and-migrant-health-in-the-who-european-region-2020>.

³⁴ Stéphanie Larchanché, “Intangible Obstacles: Health Implications of Stigmatization, Structural Violence, and Fear among Undocumented Immigrants in France,” *Social Science & Medicine*, Part Special Issue: Migration, “illegality”, and health: Mapping embodied vulnerability and debating health-related deservingness, 74, no. 6 (March 1, 2012): 858–63.

³⁵ Miriam Iris Ticktin, *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (Berkeley: University of California Press, 2011).

established to provide emergency care around the world.³⁶ More recent scholarship by Hanrieder and Galesne has examined the humanitarian work of MSF and *Médecins du Monde* (Doctors of the World, or MDM) in France specifically.³⁷ Through their respective *Mission France* initiatives, both organizations have designed strategies to encourage the government to provide more comprehensive medical care to vulnerable communities in the country by limiting their own initiatives to emergency care.³⁸ As a result, they argue that MSF and MDM have developed program initiatives that incorporate both humanitarian support and advocacy for policy change.³⁹

Furthermore, humanitarian interventions by civil society organizations have manifested themselves in various ways on the local level. Focusing their research on the cities of Rennes and Poitiers, Hoyez and d'Halluin conducted a case study of initiatives by NGOs and health care workers to facilitate access to medical care for migrants in the region.⁴⁰ They argued that civil society has been forced to adapt to financial, organizational, and political constraints imposed by national and local government policies in order to provide health-related support.⁴¹ Examining citizen support networks for resettled refugees in an undisclosed region of rural France, Schiff and Clavé-Mercier argued that specific dynamics between the state and civil society affecting the

³⁶ Ticktin, 10.

³⁷ Tine Hanrieder and Claire Galesne, "Domestic Humanitarianism: The Mission France of Médecins Sans Frontières and Médecins Du Monde," *Third World Quarterly* 42, no. 8 (August 3, 2021): 1715–32.

³⁸ Hanrieder and Galesne, 1715.

³⁹ Hanrieder and Galesne, 1718.

⁴⁰ Estelle d'Halluin et Anne-Cécile Hoyez, "L'initiative associative et les reconfigurations locales des dispositifs d'accès aux soins pour les migrants primo-arrivants [The Non-governmental Initiative and Local Reconfigurations of Health Care Systems for Migrants of First Arrival]," *Humanitaire. Enjeux, pratiques, débats*, no. 33 (November 1, 2012).

⁴¹ Anne-Cécile Hoyez, "L'accès aux soins des migrants en France et la « culture de l'initiative locale ». Une analyse des contextes locaux à l'épreuve des orientations nationales [Access to Care of Migrants in France and the 'Culture of the Local Initiative.' An Analysis of Local Contexts Against National Direction]," *Cybergeo : European Journal of Geography*, November 21, 2011.; Hoyez, "L'initiative associative et les reconfigurations locales des dispositifs d'accès aux soins pour les migrants primo-arrivants [The Non-governmental Initiative and Local Reconfigurations of Health Care Systems for Migrants of First Arrival]."

resettlement process have depended on unique circumstances which differed across cities and municipalities in the wider region.⁴²

The final category of academic literature concerns research on the efforts of civil society actors to support the health-related needs of undocumented migrants along the French coast of the English Channel. Some scholarship provides context to the public health challenges facing undocumented migrants in the region. After the demolition of the Calais “Jungle” in 2016, Dhesi et al. argued that limited access to food and water, durable shelter, sanitation facilities, and related humanitarian services exacerbated threats to the health and safety of migrants in the camp.⁴³ Moreover, Busler demonstrates the importance of British organizations for the provision of humanitarian support through her descriptions of the initiatives by the British Red Cross to assist children in Calais during the European Refugee Crisis of the mid-2010s, while Rodriguez draws from his experience as a medical provider in the region to argue that the provision of health care has become progressively connected to the activities of civil society.⁴⁴ Though not focusing directly on health and humanitarian support, Alcalde and Portos provide additional context to civil society in the region by arguing that civil society actors arrived from around the world to take part in advocacy for migrants in Calais during the European Refugee Crisis.⁴⁵ However, Pursch et al.’s publication in 2020 remains the most comprehensive analysis of the

⁴² Claire Schiff and Alexandra Clavé-Mercier, “Becoming, Doing and Letting Go: (Extra)Ordinary Citizens’ Engagement with Resettled Syrian Refugee Families in Rural France,” in *Refugee Protection and Civil Society in Europe*, ed. Margit Feischmidt, Ludger Pries, and Celine Cantat (Cham: Springer International Publishing, 2019), 162–63.

⁴³ Surindar Dhesi, Arshad Isakjee, and Thom Davies, “Public Health in the Calais Refugee Camp: Environment, Health and Exclusion,” *Critical Public Health* 28, no. 2 (April 2018): 140–52.

⁴⁴ Debbie Busler, “British Red Cross Response to Young Migrants in Calais, France,” *International Review of the Red Cross* 99, no. 904 (April 2017): 43–51; Jacques Rodriguez and Chloé Tisserand, “Calais, « laboratoire » d’une médecine de l’exil [Calais, ‘Laboratory’ of a Medicine of Exile],” *Hommes & migrations. Revue française de référence sur les dynamiques migratoires*, no. 1316 (March 1, 2017): 132–36.

⁴⁵ Javier Alcalde and Martin Portos, “Scale Shift and Transnationalisation Within Refugees’ Solidarity Activism. From Calais to the European Level.,” in *Solidarity Mobilizations in the ‘Refugee Crisis’: Contentious Moves*, ed. Donatella della Porta (Cham: Springer International Publishing, 2018), 260–61.

intersection of civil society, state policies, health, and irregular migration.⁴⁶ Conducting their research shortly after the French government dismantled the Calais “Jungle” in 2016, they argue that access to health care has depended on a complex relationship between NGOs and the state and argue that the state’s paradoxical relationship toward the provision of humanitarian support has resulted in three principal outcomes: NGOs have felt antagonized by the state’s behavior; migrants have limited access to medical care; and social determinants of health such as education, shelter, and social services for children have been undermined by the marginalization they experience.⁴⁷

1.2 METHODOLOGY

To investigate the research question, I designed a qualitative mixed-methods study. First, I collected and analyzed data from 25 NGOs that currently conduct humanitarian and advocacy initiatives related to the health of undocumented migrations along or near the French coast of the English Channel.⁴⁸ I used several tactics to analyze their activities, organizational structures, and the impacts of state policies on their work once I determined each organization’s relevance for the study. In general, organizations publish detailed information about their activities, histories, and partnerships on their websites and social media accounts – particularly Facebook and Twitter. Several organizations archived their past activities as well, which provided an

⁴⁶ Benita Pursch et al., “Health for All? A Qualitative Study of NGO Support to Migrants Affected by Structural Violence in Northern France,” *Social Science & Medicine* 248, no. 112838 (March 1, 2020): 1–9.

⁴⁷ Pursch et al., 1–7.

⁴⁸ List of organizations in alphabetical order: Adventists Development and Relief Agency; Amnesty International; Care4Calais; Comité pour la santé des exilés (Comede); Emmaüs France; Fédération des Acteurs de la Solidarité; France terre d’asile; Gynécologie sans frontières; Human Rights Watch; L’Auberge des Migrants; La Cimade; La Vie Active; Le Secours Populaire; Médecins du Monde; Médecins Sans Frontières; Observatoire du droit à la santé des étrangers; Plateforme des soutiens aux migrant.e.s (PSM); Refugee Community Kitchen; Refugee Women’s Centre; Safe passage; Secours Catholique: Caritas France; Solidarity Border; Soutenons. Aidons. Luttons, Agissons pour les Migrants et les pays en difficulté (Salam); Terre d’errance; Utopia 56

opportunity to study their initiatives from a historical perspective. I then used Excel to store and organize data for each organization by developing codes to track information. These included: name; location of headquarters; date of establishment; mission statement; activities; presence of partner organizations; and relationships with the state. I then transferred the study data from Excel to NVivo for additional qualitative analysis. NVivo provided a platform for sorting information and isolating patterns that emerged from all 25 organizations.

Second, the case study drew from information provided by media outlets. Newspapers conduct regular coverage of Channel crossings and the dynamics between civil society and the state. The case study drew primarily from French-language news outlets, which included *Le Monde*, *La Croix*, *Le Parisien*, *Basta!*, and *La Voix du Nord*. The study also drew from English-language outlets, which included *The Guardian*, *The New York Times*, *Associated Press*, *UN News*, and *OpenDemocracy*. After searching through various publications, I used data from thirteen articles, which were published between 2002 and 2022.⁴⁹ The content provided by these

⁴⁹ Ariane Delepierre, “Calais : la grève de la faim s’arrête, le combat des défenseurs des migrants continue [Calais: The Hunger Strike Ends, The Fight by Defenders of Migrants Continues],” *La Voix du Nord*, November 17, 2021, <https://www.lavoixdunord.fr/1100307/article/2021-11-17/migrants-calais-le-couple-de-militants-arrete-sa-greve-de-la-faim>; David Gormezano, “Entre la France et la Grande-Bretagne, de l’entente à la méfiance cordiale ? [Between France and Great Britain, from Agreement to Cordial Mistrust?],” *France 24*, October 11, 2021, <https://www.france24.com/fr/europe/20211011-entre-la-france-et-la-grande-bretagne-de-l-entente-%C3%A0-la-m%C3%A9fiance-cordiale>; Emma-Jane Kurby, “Migrant Squalor in Calais ‘Jungle,’” *BBC News*, July 2, 2009, http://news.bbc.co.uk/2/hi/uk_news/8129812.stm; Julia Pascual, “La colère des associations après la mort de 27 migrants dans la Manche : « C’étaient des hommes, des femmes, des enfants, des humains » [The Anger of Associations after the Death of 27 Migrants in the English Channel: ‘They were men, women, children, humans’],” *Le Monde.fr*, November 25, 2021, https://www.lemonde.fr/international/article/2021/11/25/apres-la-mort-de-27-migrants-dans-un-nauffrage-au-large-de-calais-la-colere-des-associations_6103506_3210.html; “‘Like Living in Hell’: Police Abuses Against Child and Adult Migrants in Calais” (Human Rights Watch, July 26, 2017), <https://www.hrw.org/report/2017/07/27/living-hell/police-abuses-against-child-and-adult-migrants-calais>; Wahoub Fayoumi, “Migrants : un mur anglais à Calais [Migrants: An English Wall in Calais],” *TV5MONDE*, September 8, 2016, 5, <https://information.tv5monde.com/info/migrants-un-mur-anglais-calais-127121>; “Plus de 28 000 migrants ont traversé la Manche en 2021, un record [More Than 28,000 Migrants Crossed the English Channel in 2021, a Record]”; Reuters, “Des Afghans Devraient Être Expulsés Mardi, Selon La Cimade [Afghans Will Be Deported on Tuesday, According to CIMADE],” *L’EXPRESS.Fr*, December 27, 2009, https://web.archive.org/web/20091227054303/http://www.lexpress.fr/actualites/2/des-afghans-devraient-etre-expulses-mardi-selon-la-cimade_835632.html; Staff, “Sangatte Refugee Camp,” *The Guardian*, May 23, 2002, sec. UK news, <https://www.theguardian.com/uk/2002/may/23/immigration.immigrationandpublicservices1>; GISTI, “Stop Aux Destructions Coûteuses, Inutiles et Inhumaines ! [Put a Stop to Costly, Useless and Inhumane

articles allowed me to analyze information about topics like advocacy campaigns, periods of heightened tension between the state and civil society, and policies that affected undocumented migrants.

Third, the study analyzed archival materials. I found these documents on websites of specific organizations that catalogued the history of migration in Europe. In particular, the French NGO *Le Groupe d'information et de soutien des immigré·e·s* (Group of Information and Support of Immigrants, or GISTI) collects and organizes documents that span several decades.⁵⁰ The documents pertain to its own legal and advocacy initiatives as well as the activities of other organizations with which it worked. For example, GISTI engages in legal proceedings on behalf of migrants around Europe and conducts advocacy initiatives in partnership with likeminded organizations. Documents relate primarily to migration in France, though GISTI maintains records on migration in regions like the Greece-Turkey border and the Balkans as well. Documents used in the study include press releases by NGOs, court documents from cases filed by organizations against the state, and articles by news outlets that documented the humanitarian and human rights crisis along the coast.

Fourth, the study incorporated human subjects research into its research design. Columbia University's Institutional Review Board granted approval to conduct semi-structured interviews with representatives of NGOs that provide support to undocumented migrants along the French coast of the English Channel. I conducted two interviews in total, one with a NGO worker at *Gynécologie Sans Frontières* (Gynecology Without Borders, or GSF) and the other

Destruction!],” n.d., <http://www.gisti.org/spip.php?article6265>; “Reality Check: How Many Children Are in the Calais ‘Jungle’?,” *BBC News*, October 17, 2016, sec. UK, <https://www.bbc.com/news/uk-37679861>; Jennifer Williams, “France’s ‘Jungle’ Refugee Camp Is Being Dismantled — and Residents May Have Nowhere to Go,” *Vox*, October 25, 2016, <https://www.vox.com/world/2016/10/25/13360216/france-jungle-refugee-migrant-camp-calais>.

⁵⁰ “GISTI - Groupe d'information et de Soutien Des Immigrés,” n.d., <https://www.gisti.org/spip.php?page=sommaire>.

with a NGO worker at *L'Auberge des Migrants* (Migrants' Inn).⁵¹ Due to time constraints and study limitations that shortened the duration of the recruitment process, interviews with research participants served to supplement the information found from the other three sources of data rather than serve as the principal source of information. The predominance of Internet-based research resulted in unintended benefits for the case study. When describing limitations at the end of their publication in 2020, Pursch et al. stated that because they drew the majority of their findings from interviews with representatives of NGOs, the personal opinions of research participants toward the state had the potential to skew the results of their study.⁵² Thus, the variation in methodologies used in this case study allowed for greater possibility of generating new research findings.

Although the mixed methodology of the case study provided a productive framework for examining the research question, the study design presented several limitations as well. Greater usage of human subjects research could have provided additional insights. Moreover, the study did not include interviews with undocumented migrants themselves. Columbia University approved semi-structured interviews with civil society leaders only, and the process for seeking authorization to speak with other research participants would have slowed the recruitment process, given the time constraints that surrounded the project. Lastly, the case study focused on circumstances affecting undocumented migrants waiting to cross the English Channel. As such, it does not focus on France's asylum procedure or the experiences of individuals who have either sought asylum in France or who have been resettled in the country.

⁵¹ Interview date with *Gynécologie Sans Frontières*: March 3, 2022. Interview date with *L'Auberge des Migrants*: April 4, 2022.

⁵² Pursch et al., "Health for All?," 8.

CHAPTER TWO

Sangatte Reception Center

The geography of the Hauts-de-France, an administrative area encompassing 20,000 square miles, has long influenced the history of migration through the region. Its northern border sits along the coastline of the English Channel – a strip of the Atlantic Ocean that separates the north of France from the south of the United Kingdom. Its coastal cities have functioned as transportation hubs between the two countries, particularly in the sub-regions, or *départements*, of Nord and Pas-de-Calais. In particular, the port city of Calais covers the section of the English Channel that connects the two countries at its closest point by a distance of 21 miles. Nearby metropolitan areas share a similar geography and history, such as the port city of Dunkirk located less than thirty miles to the east of Calais and its neighboring city of Grande-Synthe.

Chapter Two examines the initial wave of migration in the late 1990s and its effects on the formation of civil society networks in the region. In particular, the chapter analyzes the circumstances surrounding the Sangatte Reception Center – a humanitarian facility established by the French government in 1999. After only three years in operation, it was dismantled following controversy over its management, thereby perpetuating the humanitarian crisis that undocumented migrants were facing along the coast. The closure of the center served as a critical junction in the formation of NGO networks, as its outcome shaped the relationship between the state and civil society that continues to this day. Analyzing these dynamics from a historical perspective, the chapter argues that the humanitarian crisis prompted by the closure of the reception center caused NGOs to coalesce into strategic networks that could respond to the lack of state support and the anti-migrant policies that fueled it.

2.1: State Activity

Before the region's first major influx in the late 1990s, the rate of irregular migration represented a small fraction of what would later develop. A small wave of migration across the Channel began in the mid-1980s among intended asylum seekers from Pakistan and Vietnam.⁵³ The phenomenon slowly accelerated after the fall of the Berlin Wall in 1989 with migration from countries in Eastern Europe like Poland and the Czech Republic.⁵⁴ Migration in the region also began to attract media attention, as individuals whose asylum applications were rejected by the United Kingdom were forced back across the Channel to northeastern France.⁵⁵ However, the region experienced a major shift in the late 1990s when, during the wars of the former Yugoslavia, the Kosovo War of 1998-1999 catalyzed a surge in migration to the United Kingdom.⁵⁶ Adding to what had already begun to develop in the region, the new influx triggered a formal response by the state that could support the increasing numbers of asylum seekers arriving along the coast.

The state created the Sangatte Reception Center as a response to the humanitarian crisis that was developing by the turn of the century. Pressured by local NGOs, the French government established the reception center in 1999 in an area located half of a mile from the Channel Tunnel outside of the town of Sangatte. Funded by the Ministry of Employment and Solidarity and managed by the French Red Cross, the center was a metal hanger whose dimensions equated the approximate size of a cathedral that was.⁵⁷ With 35 permanent staff members, the center

⁵³ GISTI, "Avant Calais, Sangatte [Before Calais, Sangatte]," *Plein droit* 129, no. 2 (July 13, 2021): 46.

⁵⁴ GISTI, 46.

⁵⁵ GISTI, "Enquête CCFD, Cimade, Gisti, Saf et SM Sur Les « Réfugiés » de Sangatte : Une Situation Née Il y a Quatorze Ans : Entretien Avec Véronique Désenclos, de l'association « la Belle Étoile » à Calais [Investigation by CCFD, CIMADE, GISTI, SAF and SM on the 'Refugees' of Sangatte: A Situation Born 14 Years Ago: Interview with Véronique Désenclos, of the Organization 'The Beautiful Star' in Calais]," October 12, 2000, <https://www.gisti.org/spip.php?article659>.

⁵⁶ GISTI, "Avant Calais, Sangatte [Before Calais, Sangatte]," 46.

⁵⁷ GISTI, 46.

housed 18 smaller cabins which, in addition to nearby tents, contained 700 available beds.⁵⁸ The camp served nearly 2,500 meals each day and provided modest access to showers, washing machines, and services that were otherwise lacking outside of the camp.⁵⁹ Local authorities encouraged migrants who intended to cross the Channel and claim asylum in the United Kingdom to seek shelter in the camp. By the end of 1999, the camp had housed approximately 700 people each night.⁶⁰

However, the Sangatte Reception Center devolved into such controversy by the early 2000s that, following pressure from the United Kingdom, the French government closed the camp in 2002. Despite the end of the Kosovo War, countries from which irregular migrants were arriving had grown to include Afghanistan, Iran, Romania, Sri Lanka and Turkey.⁶¹ Overwhelmed by the need for its services in the absence of adequate resources from the state, the center eventually supported nearly 1,000 more people than it was initially meant to assist.⁶² On the one hand, it provided humanitarian assistance while on the other, overcrowded living conditions undermined health and safety and led to political tension between the governments of France and the United Kingdom, who blamed one another for the flow of irregular migration across their borders.⁶³ Tension also erupted outside of the reception center as animosity toward asylum seekers began to foment. Local groups conducted protests against migration through boycotts of referendums and the creation of anti-migrant groups.⁶⁴ In response, the French

⁵⁸ GISTI, 46.

⁵⁹ GISTI, 47.

⁶⁰ GISTI, 47.

⁶¹ GISTI, 46.

⁶² Staff, "Sangatte Refugee Camp.," Rupert Colville, "UNHCR Details Role in Sangatte Closure, Urges Assistance for All Afghans Keen to Repatriate," *UNHCR*, July 16, 2002, <https://www.unhcr.org/news/latest/2002/7/3d34415d4/unhcr-details-role-sangatte-closure-urges-assistance-afghans-keen-repatriate.html>.

⁶³ Staff, "Sangatte Refugee Camp."

⁶⁴ GISTI, "Avant Calais, Sangatte [Before Calais, Sangatte]," 47.

government decided to close the center to stem the flow of migration along the coast and across the Channel.⁶⁵ Undocumented migrants in the region were forced to choose between entering the French asylum system or evade state surveillance until they crossed the Channel. France and the United Kingdom agreed to split asylum applications of over 1,000 camp residents with the help of the United Nations Refugee Agency (UNHCR).⁶⁶

Yet despite the predictions of both governments, asylum seekers continued to arrive along the coast of northeastern France. After the closure of the Sangatte Reception Center, many took shelter in the area of forest around Calais known in the region as the “jungle” – a derivation of the Persian word “jangal,” meaning “forest,” which has continued to refer to the network of informal camps in the region. Though exact numbers have fluctuated over the years, undocumented migrants have continued to establish small informal camps of various sizes in and around cities like Calais and Dunkirk, which have housed dozens to hundreds of people in each location.

Beginning in the early 2000s and continuing through the following decade, the state began restricting access to basic services like shelter and food in an attempt to dissuade migration into northern France and across the English Channel. Police forces also began demolishing shelters to disperse communities located in the small “jungles” along the coast. In an example from 2008 that attracted international media attention, police targeted a camp of 190 people to slow the spread of clandestine crossings to the United Kingdom.⁶⁷ The state also began detaining undocumented migrants under the threat of deportation as part of its wider efforts to

⁶⁵ Kurby, “Migrant Squalor in Calais ‘Jungle.’”

⁶⁶ Colville, “UNHCR Details Role in Sangatte Closure, Urges Assistance for All Afghans Keen to Repatriate.”

⁶⁷ Kurby, “Migrant Squalor in Calais ‘Jungle.’”

decrease the rate of migration.⁶⁸ In some cases, detainees were indeed deported, while in others, they were released without adequate support and rebuilt informal settlements in a cycle of dismantlement and rebuilding.⁶⁹ In addition to targeting undocumented migrants, the state attempted to slow the rate of migration by implementing policies that impeded the activities of civil society organizations that sought to provide them with humanitarian assistance. The expression *délit de solidarité* was developed by GISTI to describe the series of laws and policies that punish individuals who assist irregular migrants.⁷⁰ Today, state prosecutors can subject individuals to monetary fines of up to 30,000 euros and prison time of up to five years. While the state has tended to exempt humanitarian aid workers from legal action in practice, it has indeed prosecuted civil society actors at various points.⁷¹

Targeting undocumented migrants and civil society organizations created conditions that undermined the physical and mental health of undocumented migrants across the region as well. While the state did not outwardly deny access to food and other forms of humanitarian support, the government's lack of direct assistance perpetuated high rates of food and housing insecurity.⁷² The state's policies fostered such precarious and unstable living conditions in informal camps that undocumented migrants experienced increased rates of illness. For example, the absence of blankets, mattresses, or access to clean water increased rates of skin conditions like rashes and scabies.⁷³ The state's public health infrastructure perpetuated the rate of health

⁶⁸ Reuters, "Des Afghans Devraient Être Expulsés Mardi, Selon La Cimade [Afghans Will Be Deported on Tuesday, According to CIMADE]."

⁶⁹ Kurby, "Migrant Squalor in Calais 'Jungle.'"

⁷⁰ GISTI, "Délit de Solidarité [Crime of Solidarity]," n.d., <http://www.gisti.org/doc/plein-droit/59-60/solidarite.html>.; "Qu'est-ce que le délit de solidarité ? [What is the Crime of Solidarity?]," Amnesty France, n.d., <https://www.amnesty.fr/focus/delit-de-solidarite>.

⁷¹ "Du délit de solidarité au principe de fraternité : lois et controverses [From the Crime of Solidarity to the Principle of Fraternity: Laws and Controversies]," n.d., <https://www.vie-publique.fr/eclairage/18715-du-delit-de-solidarite-au-principe-de-fraternite-lois-et-controverses>.

⁷² Kurby, "Migrant Squalor in Calais 'Jungle.'"

⁷³ Kurby.

conditions as well. By 2002, civil society was already drawing attention to the ways in which the flaws in AME and PASS programs had impeded access to comprehensive care in local medical facilities.⁷⁴

2.2: Civil Society Activity

The presence of civil society organizations before the late 1990s was also a fraction of what would later develop after the initial influx of migration during the Kosovo Wars. One of the few organizations to exist at the time was a NGO known as *La Belle Etoile* (The Beautiful Star), which conducted humanitarian support and advocacy from 1994 to 2007.⁷⁵ However, as the level of migration increased throughout the 1990s, so too did the participation of civil society. During the Kosovo Wars, the surge in migration toward Western Europe and the United Kingdom prompted civil society organizations to not only pressure the French government to open the Sangatte Reception Center but to monitor the humanitarian conditions of the camp while it operated under the auspices of the French Red Cross. In 2000, NGOs *Comité catholique contre la faim et pour le développement* (Catholic Committee Against Hunger and for Development, or CCFD), *Service œcuménique d'entraide* (Ecumenical Service Association, or Cimade), GISTI, *Syndicat des avocats de France* (French Lawyers Union, or SAF) and *Syndicat de la magistrature* (Magistracy Union, or SM) published a joint report on worsening conditions in the camp. At the same time, however, civil society cautioned the government against closing the

⁷⁴ “La Mission France de Médecins du Monde [The Mission France of Médecins du Monde],” n.d., <https://www.medecinsdumonde.org/fr/actualites/publications/2011/08/08/la-mission-france-de-medecins-du-monde>.

⁷⁵ GISTI, “Enquête CCFD, Cimade, Gisti, Saf et SM Sur Les « Réfugiés » de Sangatte : Une Situation Née Il y a Quatorze Ans : Entretien Avec Véronique Désenclos, de l’association « la Belle Étoile » à Calais [Investigation by CCFD, CIMADE, GISTI, SAF and SM on the ‘Refugees’ of Sangatte: A Situation Born 14 Years Ago: Interview with Véronique Désenclos, of the Organization ‘The Beautiful Star’ in Calais].”

reception center, arguing that its absence would worsen the humanitarian crisis that undocumented migrants were facing along the coast.⁷⁶

The eventual closure of the reception center at Sangatte did indeed catalyze a worsening of the humanitarian crisis and served as a critical juncture in the formation of civil society. As NGOs began bolstering their activities to provide support, one of the first changes to occur involved the presence of NGOs that had previously existed in other parts of the country but had never before operated along the coastline of northeastern France. The increase in anti-migrant policies, lack of state humanitarian support, and the faults within state health programs like AME and PASS prompted organizations to address the immediate needs of migrants in the region through the provision of medical care, material assistance, and legal aid. The humanitarian crisis soon became an integral component of the operations of large-scale NGOs in France. One of the largest organizations to develop programs in the region after Sangatte was *Médecins du Monde*, an organization founded in 1980 that provides medical support in humanitarian contexts around the world. Since it established its *Mission France* initiative in 1986, MDM has come to provide over 35,000 medical consultations per year in over 100 health programs across 29 French cities, thanks to the help of over 2,000 volunteers.⁷⁷ In published materials about its own history, MDM points to the closure of the Sangatte Reception Center as the impetus for its humanitarian work along the coast of the English Channel.⁷⁸ It now conducts operations in various locations along the coast, as well as in Lille, the capital of the Hauts-de-France.

In addition, new NGOs were established in response to the dismantlement of the Sangatte Reception Center as well. Local advocates began to create formal organizations that could

⁷⁶ Staff, “Sangatte Refugee Camp.”

⁷⁷ “La Mission France de Médecins du Monde [The Mission France of Médecins du Monde].”

⁷⁸ “La Mission France de Médecins du Monde [The Mission France of Médecins du Monde].”

provide material support to undocumented migrants amid the worsening humanitarian crisis – many of which still operate to this day. One of the first and most prominent – known as *Soutenons. Aidons. Luttons, Agissons pour les Migrants et les pays en difficulté* (Let’s Support, Help, Fight, Act for Migrants and Countries in Difficulty, or SALAM) – was founded in 2003 to support migrants for whom the state had restricted access to humanitarian assistance in Calais and its surrounding areas. Similar to *Médecins du Monde*, SALAM describes the outcome of the Sangatte Reception Center as the catalyst of its initial formation. After volunteers developed informal partnerships to distribute food and clothing, they formed SALAM to conduct a variety of initiatives. It now collects and disseminates information about the rights of migrants; provides food and other material aid in the region; helps individuals access PASS programs by offering transportation to hospitals during emergencies; and provides legal support to migrants. Of the 25 organizations profiled in the case study, SALAM was one of several NGOs to develop after the closure of the reception center at Sangatte. Others include the NGO known as *Terre d’errance* (Wandering Earth) which was founded in 2007 in the area surrounding the town of Norrent Fontes, and *L’Auberge des Migrants*, which was founded in 2008 in Calais by a group of volunteers who worked with *La Belle Etoile* before it closed its operations in 2007.

As the crisis facing undocumented migrants continued throughout the decade, NGOs in the region relied increasingly on the support provided by collaborations with one another. The collective resources provided by these networks enhanced the impact of their initiatives in the shadow of antagonistic state policies. Several of the region’s contemporary NGO networks took root in the early and mid-2000s after the closure of the Sangatte Reception Center. SALAM, for example, has maintained collaborations with nine civil society organizations and dozens of other affiliates since its establishment in 2003. Moreover, *L’Auberge des Migrants* began to function

as an umbrella organization for nine NGOs in the region as well. Partnerships grew so steadily since the closure of the Sangatte Reception Center that organizations were established with the explicit intent to facilitate network building among NGOs. *Plateforme des soutiens aux migrant.e.s* (Platform for Migrant Support, or PSM), for example, was established in Dunkirk in 2011 to foster partnerships between organizations that work with migrants. It facilitates communication among organizations and volunteers, educates the public about forced migration, supports civil society organizations when they interact with state officials, and connects organizations with lawyers when needed. In particular, networks enhanced their capacity to provide direct humanitarian relief across the region. *L'Auberge des Migrants*, for example, draws from the capacity of its umbrella network to manage the region's largest warehouse of its kind from which partners and volunteers collect and distribute material aid to migrants along the coast of the Hauts-de-France.⁷⁹ NGO networks have also enhanced the outcome of advocacy initiatives that challenged oppressive state policies. All 25 of the organizations profiled in this case study, including those that were founded or created initiatives in the region in response to the closure of the Sangatte Reception Center, conduct initiatives to pressure the state to create better living conditions for migrants. Many began forming in decade after Sangatte. SALAM, for example, developed a project called *On a lu, on a vu* (We Read, We Saw) in 2009 to provide a public record of both state policies and activities by civil society.⁸⁰ PSM also organized its first meeting of NGOs in 2012 to facilitate information sharing among 23 organizations, while in the following year, it created a document co-produced by NGOs in its network with suggestions for improving migrant camps in the region.⁸¹

⁷⁹ "L'Auberge des Migrants," n.d., <https://www.laubergedesmigrants.fr/fr/>.

⁸⁰ SALAM, "On a Lu, on a vu {We Read, We Saw}," n.d., <https://www.associationsalam.org/-On-a-lu-on-a-vu->.

⁸¹ PSM, "Le Texte-Projet de « Maison Du Migrant » [The Text-Project of 'House of the Migrant']," n.d., <https://www.psmigrants.org/site/la-psm-en-actions/le-texte-projet-de-maison-du-migrant/>.

Conclusion

After the closure of the Sangatte Reception Center, NGOs began to develop at increasing rates. In response to dwindling support from the state, new organizations like SALAM, *L'Auberge des Migrants*, and PSM joined a humanitarian terrain shared by large-scale organizations like *Médecins du Monde*. Examining the history of these organizations demonstrates both the scope of their work and the initial stages of network coalescence that provided them with the resources and opportunities to challenge the state's anti-migrant behavior. Within the decade after the reception center closed, increasing numbers of NGOs were forming across the region. Chapter Two demonstrated the relationship between the state and civil society that would later come to influence the region during and after the so-called European Refugee Crisis of 2015 – a phenomenon explored in the following chapter.

CHAPTER THREE

Jules Ferry & the Calais “Jungle”

NGO networks experienced a second major shift in the mid-2010s. During what came to be known as the European Refugee Crisis of 2015, conflict and economic instability in regions across the Middle East, Africa, and Central Asia prompted millions of people to leave their home countries in search of asylum in Europe. Turmoil ensued across the continent, including in northeastern France, as governments failed to design effective durable solutions for new arrivals. As migration increased across the English Channel among asylum seekers destined for the United Kingdom, the French government responded to the influx in migration by mandating, once again, the creation of a humanitarian reception center. Beginning in 2014 with a camp known as the Jules Ferry Center near the city of Calais, the area surrounding it grew expansively. The controversy that enshrouded the center and surrounding areas prompted French police forces to dismantle it in 2016 amid a renewal in anti-migrant policies. The outcome further perpetuated the humanitarian crisis that persists across the region.

Chapter Three examines how the Jules Ferry Center and the area that surrounded it—which came to be known simply as the Calais “Jungle” in reference to the term’s history in the region— influenced the development of NGO networks in northeastern France. In particular, it argues that the circumstances surrounding the Calais Jungle marked a pivotal moment for civil society by accelerating a trend that had already begun. The response by civil society organizations effectively mirrored what had previously taken place in the wake of the Sangatte Reception Center: The expansion of anti-migrant policies by the state both during and after the dismantlement of this “Jungle” triggered an accelerated expansion of civil society organizations that drew from NGO networks to optimize support for undocumented migrants.

3.1: State Activity

The Jules Ferry Center was the first state-mandated camp since the Sangatte Reception Center. Managed by the French NGO *La Vie Active* (Active Life), it came to support one of the largest in Europe. The “jungle” that surrounded the camp reached peaks of nearly 10,000 individuals by 2016, most of whom had arrived along the coast in an effort to cross the English Channel.⁸² The living conditions within it also mirrored those in the reception center at Sangatte almost 15 years earlier. Attracting domestic and international attention for the controversy that surrounded it, the Calais Jungle provided a combination of humanitarian support and a sense of community to thousands of individuals who had established shops, restaurants, and schools, and other forms of support on the one hand, while on the other, its limited access to food, water, durable shelter, sanitation facilities, and related humanitarian services fostered a humanitarian crisis that exacerbated health issues and precarious living conditions.⁸³ In 2016, the government dismantled the camp over the course of several months, relocating the majority of its residents to various reception centers across the country.⁸⁴

The dismantlement of the Jungle amid its controversial management catalyzed both a worsening of the humanitarian crisis and an increase in efforts to lower rates of migration in the region by targeting undocumented migrants themselves. Asylum seekers waiting to cross the Channel were effectively forced, once again, to choose between staying on the coastline with very little formal support and entering the French asylum system instead. The state also developed the so-called *zéro point de fixation* (zero point of attraction) policy, which aimed to

⁸² “Reality Check.”

⁸³ Busler, “British Red Cross Response to Young Migrants in Calais, France.”

⁸⁴ Williams, “France’s ‘Jungle’ Refugee Camp Is Being Dismantled — and Residents May Have Nowhere to Go.”

eliminate any areas, or “fixation points,” that might attract irregular migration to the region.⁸⁵ The state enacted a series of measures to implement the policy. In 2016, the United Kingdom announced a collaboration with the French government to finance the construction of a wall along the roadways in Calais to impede any attempts to board vehicles that were crossing the Channel Tunnel.⁸⁶ In a separate agreement between the governments of France and the United Kingdom, French customs agents began restricting French accessways to the Channel before asylum seekers had the opportunity to cross it.⁸⁷ Other initiatives have aimed at deterring intended asylum seekers from remaining in the region even after arrival. In particular, police forces accelerated the frequency with which they raided informal camps along the coast. Now taking place multiple times per week, these raids have involved the confiscation of material goods like tents and blankets without the adequate provision of information about alternative forms of shelter, rights as asylum seekers and undocumented migrants, or accommodations for groups at heightened risk, such as unaccompanied minors.⁸⁸

In addition to targeting migrants, the state accelerated its efforts to restrict the ability of civil society organizations to provide humanitarian support. Testimonies from aid workers along the coast of northeastern France have described an atmosphere of intimidation by the state toward NGOs and their aid workers. In an interview for Pursch et al, one research participant noted that police behavior had included “... snatching phones out of volunteers’ hands, deleting videos off people’s phones... shutting doors while people are inside the vans... taking photos of

⁸⁵ “Enforced Misery: The Degrading Treatment of Migrant Children and Adults in Northern France” (Human Rights Watch, October 7, 2021), 20–23, <https://www.hrw.org/report/2021/10/07/enforced-misery/degrading-treatment-migrant-children-and-adults-northern-france>.

⁸⁶ Fayoumi, “Migrants.”

⁸⁷ Gormezano, “Entre la France et la Grande-Bretagne, de l’entente à la méfiance cordiale ? [Between France and Great Britain, from Agreement to Cordial Mistrust?].”

⁸⁸ “Enforced Misery,” October 7, 2021, 1–9.

IDs on their personal phones.”⁸⁹ Moreover, NGOs have been forced to adapt to a constantly shifting policy framework that destabilizes the work they undertake.⁹⁰ In 2017, for example, the city of Calais placed a ban on the distribution of food items in response to a purported threat of mounting conflict between local residents and migrants, disturbances to the peace, and the growth of new migrant camps around sites where food was accessible.⁹¹ More recently, the state has also limited the provision of humanitarian assistance by targeting individual aid workers as part of the *délit de solidarité*. For example, during COVID-19 lockdowns, police issued over 95 fines to representatives of Utopia 56 for supposed violations of pandemic restrictions, despite the presence of formal attestations that permitted them to conduct their relief efforts in the region.⁹² In other cases, police officers have intimidated NGO workers by arresting individuals for exercising their right to film police activity, conducting excessive identity checks, and issuing monetary fines for minor issues with vehicles while conducting humanitarian activities, such as low tire pressure or chipped windows.⁹³

The state’s anti-migrant policies have perpetuated unstable living conditions that undermine physical and mental health. In particular, the persistent failure of state-run health programs to offer reliable and accessible care for medical conditions have obstructed access to necessary medical treatment. The *Centre Hospitalier de Calais* (Calais Hospital Center) reports on its website that nurses are available for three hours each morning and consultations are

⁸⁹ Pursch et al., “Health for All?,” 4.

⁹⁰ Pursch et al., 4.

⁹¹ GISTI, “Calais, Mars 2017 : Interdiction de La Distribution de Repas Aux Exilés : Annulation Par Le TA de Lille de Trois Décisions de La Maire de Calais [Calais, March 2017: Ban on the Distribution of Meals to Asylum Seekers: Cancellation by the TA of Lille of Three Decisions of the Mayor of Calais],” n.d., <http://www.gisti.org/spip.php?article5648>.

⁹² “Enforced Misery,” October 7, 2021, 63.

⁹³ “Enforced Misery,” 62–63.

available for three hours each afternoon.⁹⁴ In Dunkirk, the PASS system at the *Centre Hospitalier de Dunkerque* (Dunkirk Hospital Center) states that its services are available throughout the day, Monday through Friday, and that certain hours are dedicated to assisting patients with language translation.⁹⁵ Yet testimonies from NGO workers and migrants themselves point to a consistently inadequate system in which PASS programs are missing in certain hospitals and, even when available, the lengthy bureaucratic processes and language barriers that patients experience have hindered the effectiveness of the treatment they receive.⁹⁶ Doctors have also withheld treatment to patients entirely, undocumented immigration status has restricted patients' access to local pharmacies, and patients have been forced to vacate medical centers before they fully recovered.⁹⁷

3.2: Civil Society Activity

The circumstances surrounding the Calais Jungle from 2014 to 2016 prompted a set of reactions by civil society organizations that resembled what took place after the Sangatte Reception Center closed in 2002. In particular, longstanding NGOs developed new humanitarian program initiatives to address the crisis in cities like Calais, Dunkirk, and Grande-Synthe. Similar to *Médecins du Monde* (MDM) after the closure of the Sangatte Reception Center, *Médecins Sans Frontières* (MSF) developed its first set of humanitarian initiatives along the coast of the Channel in the organization's then-45-year history. In 2015 and 2016, it operated emergency care clinics, provided mental health support, and assisted local health providers in the

⁹⁴ "PASS - Permanence d'accès aux soins de santé," Centre Hospitalier Dr Jean Eric Techer Calais, n.d., <https://www.ch-calais.fr/pole-reponse-urgente-et-medico-technique/pass-permanence-daccès-aux-soins-de-santé/.s>

⁹⁵ "CH Dunkerque | Urgences [Emergency Room]," CH Dunkerque, n.d., <https://www.ch-dunkerque.fr/nos-offres-de-soins/liste-des-services/urgences/>.

⁹⁶ Pursch et al., "Health for All?," 5.

⁹⁷ Pursch et al., 5.; "Enforced Misery," October 7, 2021, 62.

region.⁹⁸ Other health-focused organizations became active in the region as well. *Gynécologie Sans Frontières* (GSF), an organization founded in 1995 and headquartered in the French city of Nantes, works domestically and internationally to provide medical and psychosocial support to women and children. In 2015, it established humanitarian support operations in the region.⁹⁹ GSF's activities include the training of local medical professionals to assist undocumented migrants; the provision of translation services between providers and patients; the assistance of pregnant people seeking medical care in the French health system; the detection of medical complications before and after birth; and the provision of direct medical intervention through provision of abortions, STI testing and treatment, and contraception. The organization also directs people to services provided by state and non-state programs, helps victims of abuse locate medical and legal assistance, and facilitates access to vaccines for children. Its activities are supported by a small group of staff members who manage a network of volunteer medical professionals along the coastline of the Hauts-de-France.

In addition to longstanding organizations like MSF and GSF, new organizations formed along the coast of the English Channel as well. Many of the most active organizations that were profiled in the study were established during the crisis in 2015 and 2016.¹⁰⁰ Similar to the organizations that formed after the closure of the Sangatte Reception Center, they described the circumstances surrounding the Calais Jungle as the genesis of their work. Utopia 56, for example, stated that its inception in 2015 was a response to the unfolding crisis along the coast by concerned citizens who, after initially travelling to the region to support the work of SALAM,

⁹⁸ “La Mission France de Médecins du Monde [The Mission France of Médecins du Monde].”

⁹⁹ NGO Worker from GSF with Valere Demuynck, March 2022

¹⁰⁰ Organizations in the study that have formed since 2015: Refugee Community Kitchen, Refugee Women's Centre, Safe Passage, Utopia 56, Care4Calais, Solidarity Border. Organizations established after 2016: Solidarity Border.

created the organization after witnessing the need for additional volunteers.¹⁰¹ The organization quickly grew to coastal cities like Grande-Synthe and now operates throughout the country in nine cities to mobilize the support of volunteers.¹⁰² British organizations like Safe Passage describe a similar origin story of concerned volunteers during and after the so-called European Refugee Crisis of 2015 began to create organizations that could facilitate humanitarian responses to the crisis facing those who were traveling through northeastern France to cross the English Channel.¹⁰³

During and after the European crisis, collaborations among NGOs in the region became progressively integral to their efforts. Bilateral and multilateral partnerships provided support for organizations that were confronting an increasing need for humanitarian support as well as an increasing rate of state policies that were developed to dissuade migration. Many of these organizations used networks that had already been established during and after the Sangatte Reception Center. In addition to forming ties with SALAM, for example, Utopia 56 collaborated with MSF and MDM to assist with the clean-up of the Calais Jungle after its dismantlement in 2016. Utopia 56 also joined the umbrella network of *L'Auberge des Migrants*, which itself described the establishment of the Jungle in 2014 and its dismantlement in 2016 as a pivotal moment in the organization's history during which its partnership network expanded.¹⁰⁴

The impacts of these networks have increased the ability of NGOs to provide humanitarian assistance. 16 of the 25 organizations profiled in the study provided some form of humanitarian support to undocumented migrants. Collaborative initiatives have included the

¹⁰¹ Utopia 56, "Notre Histoire [Our History]," n.d., <https://utopia56.org/notre-histoire/>.

¹⁰² Cities: Calais, Dijon, Grande-Synthe, Lille, Lorient, Paris, Rennes, Toulouse, Tours

¹⁰³ "Our Story," Safe Passage, n.d., <https://www.safepassage.org.uk/our-story>.

¹⁰⁴ "À propos de L'Auberge des Migrants [About L'Auberge des Migrants]," n.d., <https://www.laubergedesmigrants.fr/fr/lassociation/>.

collection and distribution of food, drinking water, tents, blankets, fire wood, hygiene kits, and clothing. One of the most active organizations along the coast, *L'Auberge des Migrants* now includes nine institutional partners within its network, including those like Utopia 56, Refugee Community Kitchen, and Refugee Women's Centre that were themselves established during the crisis in 2015 and 2016. Within the umbrella network of *L'Auberge des Migrants*, Calais Food Collective and Refugee Community Kitchen collect and distribute food, Collective Aid and Utopia 56 manage the distribution of non-food items like tents and blankets, and *L'Auberge des Migrants* itself distributes firewood during cold winter months. NGO networks have also drawn on the support of volunteers to collect, sort, and distribute materials across the region which, in many cases, they receive thanks to monetary and in-kind donations. In addition to their benefits for the provision of humanitarian support, partnership networks have allowed NGOs to advocate for policy change at increasing rates. In particular, collective advocacy initiatives have become an essential tool used by these organizations to provide information to the general public about the humanitarian crisis along the coast. All 25 of the NGOs profiled in this case study conducted some form of advocacy. Activities have ranged from the use of public awareness campaigns to legal action in local courts.

In particular, NGO networks have facilitated the production and publication of investigative reporting on conditions facing migrants in northeastern France. Before the French government dismantled the Jungle itself, NGOs used this strategy to shed light on the living conditions within the Jules Ferry Center and surrounding area. Following a request from MDM, for example, a group of medical professionals affiliated with the human rights monitoring group *Observatoire du droit à la santé des étrangers* (Migrant Health Rights Observatory) conducted a visit to the Calais Jungle to investigate the impact of the camp's living conditions on health and

access to medical care. In the report that followed, the team expressed a sense of collective shock: “Medically, what we have seen in this informal camp is unacceptable.”¹⁰⁵ Pointing to government behavior as the primary reason for the crisis, the authors detailed a history of forced evictions and lack of medical support in Calais and the surrounding areas; the prevalence of health conditions that resulted from these conditions, including skin infections and injuries caused by the presence of barbed wire; and personal stories by undocumented migrants who were experiencing conditions on the ground. The report concluded with a list of demands to improve access to health care in the camp, including the increased development of shelters, trash cans, bathrooms, medical supplies, and easier access to medical facilities.

After the dismantlement of the Jungle in 2016, NGOs continued to use collective reporting as part of their advocacy strategies. In 2017, Human Rights Watch (HRW) investigated police violence against migrants in its first report about the French coast of the English Channel in 20 years.¹⁰⁶ Similarly, other organizations in the region expanded their initiatives to include investigate reporting. In 2017, *L’Auberge des Migrants* developed a reporting initiative of its own, known as Human Rights Observers (HRO), which has drawn from the expertise of its umbrella network to investigate potential human rights violations against migrants for publication on a regular basis. Partnerships among NGOs have also facilitated the ability of *L’Auberge des Migrants* to share its expertise beyond the scope of its own network. Human Rights Watch (HRW) used information provided by organizations like *L’Auberge des Migrants*, Utopia 56, and Calais Food Collective to produce an additional report in 2021, which argued that

¹⁰⁵ Laurence Thibert, Hannane Mouhim, and Mady Denantes, “Le Bidonville de Calais est-il en France ? [Is the Shanty Town of Calais in France?]" (Observatoire du droit à la santé des étrangers, August 2015), https://www.odse.eu.org/IMG/pdf/Calais_aout_2015_2_.pdf.

¹⁰⁶ ““Like Living in Hell.””

evictions and intimidation by state officials had obstructed access to safe housing, clean water, food, non-food items, and health care for migrants along the coast.¹⁰⁷

NGO networks have also acted in unison to convey information through media outlets. Articles about migration in the region have frequently drawn from the expertise of NGOs leaders to comment on both the humanitarian crisis and the relationships between the state and civil society. Often referring to NGOs collectively, articles have featured spokespeople from multiple organizations within the same publication and used headlines that convey a sense of collective action in the face of state aggression. For example, during the highly publicized deaths of 27 people who drowned while crossing the English Channel in November of 2021, NGOs were some of the first to speak publicly about the role of the state in perpetuating environments that have forced asylum seekers to cross the Channel in dangerous conditions, providing quotes for articles with headlines like “The Anger of Associations after the Death of 27 Migrants in the English Channel” by *Le Monde*.¹⁰⁸ NGOs have also leveraged their own websites and social media accounts to raise awareness. They publish regular updates about weather conditions that affect informal camps, confrontations with police officers during evictions, locations of food distribution sites and medical facilities, and the initiatives of fellow organizations.

Finally, NGOs have drawn from the strength of their respective networks to demand policy change from state officials. Organizations have used a variety of strategies to do so. In many cases, they have leveraged press releases and other direct forms of communication to pressure the French government to develop policy change. In 2019, for example, a collection of 17 organizations co-signed a press release denouncing the destruction of a small camp in the

¹⁰⁷ “Enforced Misery,” October 7, 2021.

¹⁰⁸ Pascual, “La colère des associations après la mort de 27 migrants dans la Manche.” [The Anger of Associations after the Death of 27 Migrants in the English Channel: “They were men, women, children, humans”]

land-locked city of Norrent-Fontes after city officials used excessive force to dismantle shelters for a dozen individuals.¹⁰⁹ The strategy was used once again in September 2020, when the state severely restricted the distribution of food during the COVID-19 pandemic, prompting outrage from civil society leaders who felt that the food ban was an unnecessary attack on migrants in the region.¹¹⁰ In response, a group of six NGOs – Amnesty international, CIMADE, MDM, MSF, *Secours catholique* (Catholic Aid), and *Fédération des acteurs de la solidarité* (Federation of Solidarity Actors) – published a joint press release demanding the reversal of the ban on food distributions in Calais.¹¹¹ To supplement their calls to action, NGOs have also met collectively with local state officials on a regular basis to discuss the provision of humanitarian assistance to migrants in the region and to negotiate policy changes.¹¹²

In addition to public calls for change, networks have provided NGOs with the collective resources to challenge policies in courts of law. Since the dismantlement of the Calais Jungle in 2016, NGOs have used the courts on a regular basis. In 2015, MDM and *Terre d'errance* submitted a complaint to a local prosecutor's office in response to discriminatory policies that restricted the access of undocumented migrants to community pools in Calais.¹¹³ In 2016, a group of 11 civil society organizations filed a case in the capital of the Hauts-de-France at the *Tribunal administratif* (TA) of Lille – a wing of the French court system that, among several

¹⁰⁹ GISTI, “Stop Aux Destructions Coûteuses, Inutiles et Inhumaines ! [Put a Stop to Costly, Useless and Inhumane Destruction!].”

¹¹⁰ GISTI, “Calais, Mars 2017 : Interdiction de La Distribution de Repas Aux Exilés : Annulation Par Le TA de Lille de Trois Décisions de La Maire de Calais [Calais, March 2017: Ban on the Distribution of Meals to Asylum Seekers: Cancellation by the TA of Lille of Three Decisions of the Mayor of Calais].”

¹¹¹ “Calais. Il est urgent que la distribution alimentaire par les associations soit à nouveau permise [Calais. It is urgent that the distribution of food by associations is allowed once again],” Médecins Sans Frontières, n.d., <https://www.msf.fr/communiqués-presse/calais-il-est-urgent-que-la-distribution-alimentaire-par-les-associations-soit-a-nouveau-permise>.

¹¹² NGO Worker at *L'Auberge des Migrants* during interview with Valere Demuynck, April 2022.

¹¹³ GISTI, “Accès Discriminatoire à Une Piscine de Calais [Discriminatory Access to a Pool in Calais],” n.d., <http://www.gisti.org/spip.php?article5101>.

responsibilities, reviews cases brought against the state for abuses of authority – in response to the sudden eviction of an informal camp in northern Calais.¹¹⁴ The NGOs argued that the state had undermined the wellbeing of unaccompanied minors as well as their rights to privacy and to shelter.¹¹⁵ Later in 2019, a group of nine NGOs also submitted a case to the *Tribunal administrative* of Lille on behalf of two individuals who were evicted by French police from their shelters in Grande-Synthe.¹¹⁶ The organizations decried the deplorable living conditions for migrants along the coast by leveraging France’s international obligations to respect human rights to health, food, and safety. Lastly, one of the most notable court cases involved the official ban of food distributions in 2017 by Calais city officials. In response, a collection of nine NGOs filed a complaint in court to reverse the ban, arguing that it violated fundamental human rights to food.¹¹⁷ After weeks of trial proceedings, the court reversed the city’s policy after finding that it had indeed violated the rights of the vulnerable communities who relied on food distributions in the area. While courts have ruled in favor of NGOs in certain cases and in favor of the state in others, civil society organizations have used the system as a means of collective action to counter state policies that target undocumented migrants along the coast.

Conclusion

By the time the government dismantled the Jungle in 2016, dozens of NGOs had developed into networks of organizations that operated in unison to support undocumented

¹¹⁴ GISTI, “Référé Contre La Décision d’évacuation de La Zone Nord Du Bidonville de Calais [Complaint Against the Decision to Evacuate the Northern Zone of the Shanty Town of Calais],” n.d., <http://www.gisti.org/spip.php?article5532>.

¹¹⁵ GISTI.

¹¹⁶ GISTI, “Grande-Synthe : La Violation Des Droits Fondamentaux Des Personnes Exilées Portée Devant La Justice [Grande-Synthe: The Violation of Fundamental Rights of Migrants Brought Before Justice],” n.d., <http://www.gisti.org/spip.php?article6153>.

¹¹⁷ Care4Calais, Le Secours Catholique, Médecins du Monde, La Ligue des Droits de l’Homme, l’Auberge des Migrants, Utopia 56, Refugee Community Kitchen, La Cabane juridique, GISTI

migrants. The success of these networks is reflected in their impacts on access to services for undocumented migrants in the region. Their actions have led to the distribution of thousands of material items every day for nearly two decades; the expansion of civil society despite attempts by the state to restrict support for irregular migrants; policy change; and the production of data that support further advocacy campaigns. For example, the network of NGOs maintained by *L'Auberge des Migrants* has facilitated distribution of over seven tons of wood each week to over 1,000 people during cold winter months, as well as over 2,000 meals per day across Calais and Dunkirk. In 2021 alone, its Human Rights Observers project recorded over 1,000 forced evictions from informal camp sites; police confiscation of over 10,000 tents and tarps, 3,700 sleeping bags, and 600 bags; over 200 arrests; and over 120 instances of police violence against undocumented migrants. Moreover, in October 2021, three individuals in Calais – two local residents and one representative of the NGO *Secours catholique* – started a hunger strike to protest the state's treatment of migrants in the region.¹¹⁸ The strike was sparked in part by the publication of the Human Rights Watch report, as the information found in the report provided context to community members in northeastern France to understand how the effects of the state's treatment of migrants has fostered a dangerous environment along the Channel for asylum seekers travelling to the United Kingdom.¹¹⁹ Lasting over a month, the strike prompted a formal statement by President Emmanuel Macron about the government's intent to conduct further investigation into the humanitarian crisis. Though not all initiatives have been successful, NGO networks have provided organizations with the resources to make significant change, especially in light of Keck and Sikkink's framework for analysis which argues that networks can make

¹¹⁸ Delepierre, "Calais."

¹¹⁹ Delepierre.

effective change by encouraging dialogue and prompting policy commitments by state officials.”¹²⁰

¹²⁰ Keck and Sikkink, *Activists beyond Borders*, 201.

CONCLUSION

This case study analyzed the intersection of state policies, civil society activity, irregular migration, and humanitarian health support from a historical perspective. Drawing from the human rights framework, it demonstrated the detrimental effects of the French government's behavior toward undocumented migrants along the French coast of the English Channel and the vital role of civil society networks in response. France is bound by international law to its human rights obligations. Article 12 of the ICESCR states the explicit "right of everyone to the enjoyment of the highest attainable standard of physical and mental health."¹²¹ Article 11 of the European Social Charter states the same obligation.¹²² Article 35 of the EU Charter of Fundamental Rights describes the state obligations to ensure the right of access to preventative health care and medical treatment for all people.¹²³ Yet the country has disregarded its obligations by violating rights to food, water, shelter, and medical care.

Through the use of primary and secondary source research, the study found that NGO networks have provided organizations with the resources to conduct humanitarian support and advocacy that challenges anti-migrant policies. The French coast of the English Channel presents a unique geopolitical environment that affects migration and the activities of the state and civil society in response. At once local and international, the coastline represents both a regional environment influenced by local courts and policies, as well as an international border affected by the policy decisions of the French and British governments. The network of international and national NGOs that operate in the region all play equally vital and overlapping roles, despite variations in size, budgets, and international influence. As such, the study's findings align with

¹²¹ "International Covenant on Economic, Social and Cultural Rights."

¹²² "European Social Charter."

¹²³ "Charter of Fundamental Rights of the European Union."

established theories of network formation first produced by Keck and Sikkink and later developed into the Transcalar Theory of Advocacy.

Moreover, the case study demonstrates the importance of examining the history of a region when seeking to understand its contemporary political landscape. Informed by Critical Juncture Theory and path dependency, the case study found that two moments in the recent history of the northeastern coastline catalyzed the formation of NGO networks that exist today: the Sangatte Reception Center and the Calais “Jungle” surrounding the Jules Ferry Center nearly 15 years later. Responding to the circumstances surrounding each camp by developing anti-migrant policies that worsened the humanitarian crisis facing undocumented migrants, the state subsequently triggered the formation of NGO networks in response. Analysis of the 25 organizations profiled in the study reveal the continued presence of a landscape of NGOs that trace many of their origins to Sangatte or Jules Ferry. Five NGOs – all of which were established since the early 2000s – maintain headquarters in the Hauts-de-France and conducted activities exclusively within the region.¹²⁴ Others maintain headquarters across France and conduct activities throughout the country, including the French coast of the Channel.¹²⁵ Lastly, a third group of NGOs maintains headquarters outside of France, among which consist of both INGOs with activities along the coast and smaller British organizations established during the European crisis in 2015 and 2016 that conduct the majority of their work along the French coast of the Channel.¹²⁶

¹²⁴ L’Auberge des Migrants, PSM, Salam, Solidarity Border, Terre d’errance.

¹²⁵ Comité pour la santé des exilés (Comede), Emmaüs France, Fédérations des Acteurs de la Solidarité, France terre d’asile, La Cimade, La Vie Active, Le Secours populaire, Médecins du Monde, Observatoire du droit à la santé des étrangers, Secours Catholique: Caritas France, GSF, Utopia 56, and La Vie Active.

¹²⁶ INGOs: Adventists Development and Relief Agency (ADRA), Médecins Sans Frontières (MSF), Amnesty International, and Human Rights Watch. British NGOs: Safe Passage, Care4Calais, Refugee Community Kitchen, and Refugee Women’s Center.

Finally, the findings of this study present areas of potential scholarship that could broadened academic literature on migration and civil society. Research could be conducted on irregular migration before the 1990s; other facets of civil society, such as businesses and informal solidarity networks; and other forms of migration, such as refugee resettlement in France. Scholarship on similar dynamics along the British coast would enhance an overall understanding of irregular migration along the English Channel as well. Moreover, additional scholarship could expand the thematic and geographic scope of this project as well. This case study posed a research question about NGO network formation along an international border with high rates of irregular migration. Examining this phenomenon elsewhere may illuminate how critical junctures have influenced civil society and humanitarian support for undocumented migrants around other borders.

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