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What Consequences of the Covid-19 Pandemic and Lockdown Policies on Undocumented Immigrants in France?

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Due to the Covid-19 pandemic, France is going through a health, economic, and social crisis unprecedented in recent history. The country imposed an initial lockdown over the entire country between 17 March and 11 May 2020, followed by a curfew that applied to certain large cities on 14 October 2020, immediately followed by another lockdown that lasted from 30 October to 15 December. Initial studies attest to the detrimental effects of the pandemic and the lockdown episodes on public health, the use of healthcare services, and the economic situation of the French population. Although the consequences of the crisis have had an impact on the entire French population, certain social groups have been impacted to a greater extent. Given their social position and their working and living conditions, foreigners seem to be particularly vulnerable.

Based on data from the "Premiers Pas" survey, carried out in 2019, which focused on undocumented immigrants and from some of the organisations that assist them, this study highlights the risks faced by undocumented immigrants because of the pandemic and the lockdowns policies. The vulnerability of undocumented immigrants to health issues, their economic situation, and the mental health problems many are experiencing make them even more fragile to the consequences of the lockdown. While the second lockdown is still in place, it is important to anticipate its consequences on a so far poorly known population.

This issue of *Questions d'Économie de la Santé* ("Issues in Health Economics") is part of the research project "Premiers Pas" which includes a survey on the health and access to coverage and healthcare of undocumented immigrants living in the city of Paris and Bordeaux conurbation area. It complements three other issues of *Questions d'Économie de la Santé*. The first issue focused on the history of the rights of foreign persons living in France without residency permits and provided an overview of the State Medical Aid (*Aide Médicale de l'État*, AME) scheme, a state funded means tested health insurance which provides coverage to undocumented immigrants. The second issue presented the survey's methodology and the third was devoted to analysing access to the State Medical Aid coverage.

The 2019 coronavirus disease (Covid-19), provoked by the coronavirus Sars-CoV-2, was first detected in China in November 2019. By 27 November 2020, the virus had already led to the deaths of 1.4 mil-

lion persons around the world. Europe has been particularly hard hit, as it accounts for almost 20% of the deaths according to the World Health Organisation (WHO, 2020). France is the sixth most affected country in Europe, with more than two

million confirmed cases and more than 50,000 deaths since the start of the pandemic (Santé Publique France, 2020).

The progression of the Covid-19 pandemic led to the implementation, on

17 March 2020, of a series of preventive health measures that included a lockdown. The initial economic, social, and human consequences have already been assessed by the National Institute of Statistics and Economic Studies (*Institut national de la statistique et des études économiques*, INSEE, 2020a and b). The first lockdown had far-reaching consequences on the country's economic activity, which GDP dropped by 20% compared with a normal situation (INSEE, 2020a). In the second semester of 2020, unemployment accounted for 9% of the working population, a 0.9 percentage points above the precrisis level.

First analyses show that these consequences are unevenly distributed in the population and identify groups of persons who have a greater risk of developing a serious form of Covid-19 (Santé Publique France et al., 2020). The French Economic Observatory (*Observatoire français des conjonctures économiques*, OFCE) estimates that there are 12.6 million vulnerable people — that is to say, people who benefit from the programme designed to help those in part-time employment—, or around 24% of the population on mainland France. Precarious situations are more common amongst tradespeople and shopkeepers, labourers, and wage earners in the agricultural, commercial, and construction sectors, and the agroalimentary industry. These workers are at greater risk because they have a greater risk of contamination due to their age or health, and also because they are less likely to be able to work from home than executives or the intermediary professions (Jusot et al., 2020). Recent studies, based on the data provided by the EpiCoV¹ survey, show that people working in the health sector, and who live in heavily populated areas and in overcrowded accommodation (i.e., with a surface area of less than 18m² per person, according to Bajos et al., 2020), are more likely to be infected by Covid-19. Women are also more

likely to be contaminated than men, although the latter often suffer from a serious form of the disease (Bajos et al., 2020; Warszawski et al., 2020).

In fact, Seine-Saint-Denis, the least wealthy *département* in the country, the Val-d'Oise, and certain districts of Paris are particularly affected by the pandemic (Goutte et al., 2020)². In the *département* of Seine-Saint-Denis alone there was an excess mortality of 101.8% between March and April 2020, compared with the same period in 2019 (INSEE, 2020).

Certain groups of immigrants seem to be particularly affected by the pandemic. In May 2020, the prevalence of Covid-19 reached 9.4% among non-European immigrants, vs. 4.8% among European immigrants, and 4.1% in France's population. However, this difference in prevalence, observed between immigrants and the native population, does not stand when living and housing conditions as well as the socio-economic status are taken into account. Deprivation largely explain the difference in prevalence between immigrants and the native population (Bajos et al., 2020; Warszawski et al., 2020). Incidentally, the increase in the number of deaths recorded between March and April 2020 is far higher for people born abroad (+48%) than for those born in France (+22%). This figure is even higher among those born in sub-Saharan Africa (+114%), in Asia (+91%), or the Maghreb (+54%) [Papon and Robert-Bobée, 2020].

These results confirm former findings of the research conducted into the health of the immigrant populations in France. Some of them have shown that these populations were in much poorer health than the native population (Boisguérin and Haury, 2008; Berchet and Jusot, 2012; Khlal and Guillot, 2017) and have less access to services and health professionals (Attias-Donfut and Tessier, 2005; Mizrahi and Mizrahi,

2008; Dourgnon et al., 2009; Docherty et al., 2020; Papon and Robert-Bobée, 2020), which is often explained by a worse economic situation and less access to complementary health coverage.

In this article we will discuss the potential consequences of the Covid-19 crisis on undocumented immigrants who reside in France. We analyse, on the one hand, the health consequences, in terms of the risk of developing a serious form of the disease, and, on the other, the economic and social risks associated with the consequences of the first lockdown. We have based our study on the 2019 "Premiers Pas" survey which focused on undocumented immigrants (Dourgnon et al. 2019; Jusot et al., 2019; Wittwer et al., 2019) and the facilities that provide them with assistance (see Context, p.4).

**The medical risk factors
of contracting a serious form
of Covid-19 are far higher
in undocumented women
under the age of fifty**

Medical literature agrees on three factors that significantly increase the risk of contracting a serious form of Covid-19: age, gender, and the existence of comorbidities. More specifically, men (Williamson et al., 2020), persons aged 65 and over (Deng et al., 2020; Docherty et al., 2020), persons suffering from unbalanced diabetes or with complications, cardiovascular diseases (complicated high blood pressure, stroke, heart failure, coronaropathy, or prior heart surgery), or a chronic respiratory disease that may lead to decompensation (severe asthma, chronic obstructive pneumopathy, pulmonary fibrosis, sleep apnoea syndrome, and mucoviscidosis), congenital or acquired immunodeficiency disorders, chronic kidney failure, cirrhosis, an evolving cancer that is being treated, and obese persons (with a body mass index higher than or equal to 30 kg/m²) [Aires et al., 2020; Dietz et al., 2020; Grasselli et al., 2020; Lighter et al., 2020; Luzi et al., 2020; Simonnet et al., 2020] have a greater risk of contracting a serious form of Covid-19.

¹ The "Epidémiologie et conditions de vie" ("Epidemiology and living conditions") survey, conducted by the French National Institute for Health and Medical Research (INSERM), questioned a representative sample of 135,000 persons during the Covid-19 pandemic.

² This also seems to be the case in Sweden, where Stockholm's poorer districts have had three times more cases of Covid-19 than the municipal average.

The undocumented immigrants who responded to the survey were—in comparison to the general population— younger and more often men. Only 2.5% of them were aged 65 or over, compared with 20% in the general French population in 2019. And 10% of them were 50 or over, while this is true of 47% of the general population. Men were also over-represented (71%, compared with 48% in the general population).

Figure 1 shows the prevalence of the risk of diseases in the undocumented immigrants population collected in the "Premiers Pas" survey and compares them to the general population. The prevalence of the diseases was estimated in the general population using data on France from the 2014 European Health Interview Survey, in which respondents' health problems were recorded, as in the "Premiers Pas" survey. To take into account the age and gender structure of the population of undocumented immigrants, the prevalence of the above-mentioned diseases are provided according to gender and for those under the age of 50³. Likewise, to correct differences in age structures in the comparisons, we have calculated a standardised index according to age structure.

The results show that undocumented women have a far higher risk of contracting a serious form of Covid-19 than their counterparts in the general population. 19% of undocumented women under the age of fifty are obese. This represents a prevalence 1.6 higher than the general population, once differences in age structure have been corrected. Undocumented women also have a higher prevalence of cardiovascular diseases and diabetes.

The situation with regard to men is more heterogeneous. Undocumented men with comparable age structure are more likely to suffer from a cardiovascular disease, but less likely to suffer from asthma or be obese than the general population.

Higher exposure to economic risks provoked by the crisis

Most of the undocumented immigrants are not employed (76%), which is a far greater percentage than in the general population (8%)⁴. In addition, they are far more likely to be homeless: a third of them compared with less than 0.5% of the general population. 37% of those people who have accommodation live in a shelter or refuge. Homeless persons and those living in collective housing are more socially fragile and may contaminate their entourage.

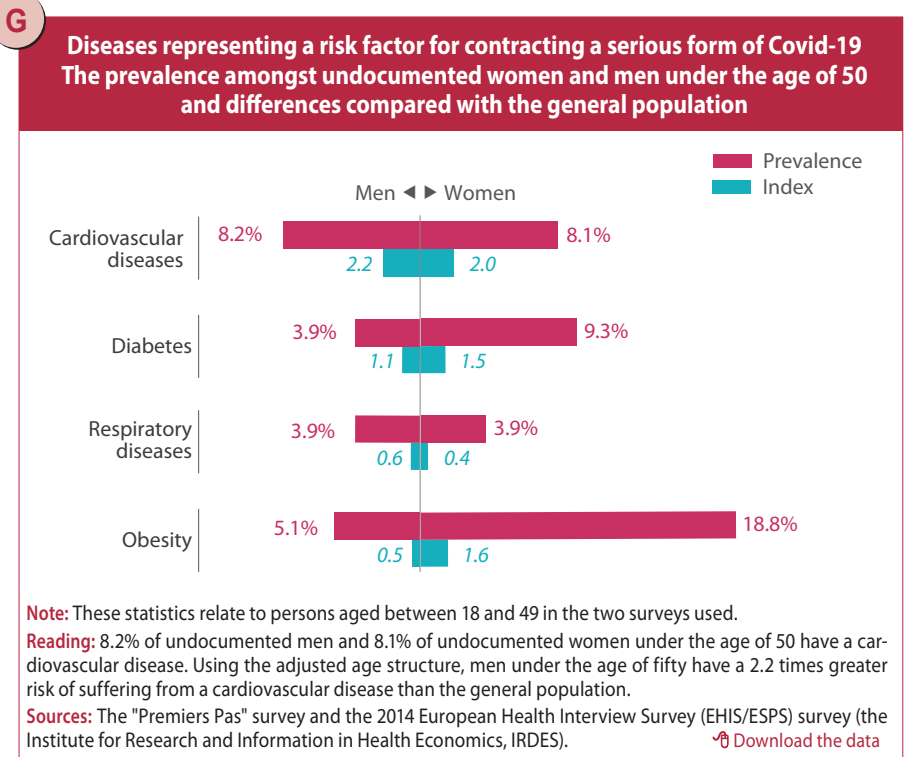
Certain categories of jobs, considered as of public interest, were not subject to lockdown requirement during the first lockdown, such as the health services, food shops, persons working in essential functions, public transport drivers, those working in water treatment services, waste collection, cleaning, logistics, delivery services, and the construction trades (Mangeney et al., 2020). The table illustrates the percentage of persons working in these sectors in the general population and amongst undocumented immigrants. Persons working

in the construction sector, cleaning services, and in other household services represent almost 65% of the undocumented workers in the sample studied. These workers represent only 19% of all the persons employed in France (Babet, 2017).

The sectors that stopped working during the first lockdown were the low qualified posts and were very concentrated in certain sectors of activity, particularly in the hotel and restaurant sector, in which 9% of undocumented immigrants work. Only 4% of French workers are employed in this sector. In addition to this, other manual jobs, such as the hair and beauty sector, which accounted for 7.5% of the workers in the "Premiers Pas" survey, although they represent only 0.9% of French workers. The contracts offered in these jobs are generally more precarious (Breem, 2010) than in other categories of employment, and individu-

³ We used the data concerning diseases declared by the respondents to the 2014 EHIS/ESPS survey. Obesity is defined by a body mass index (BMI) ≥ 30. Cardiovascular diseases include high blood pressure and strokes. Respiratory pathologies only include asthma.

⁴ Employment survey, long series relating to the labour market conducted by the INSEE in 2019: www.insee.fr/fr/statistiques/2489498#tableau-figure1_radio2 et www.insee.fr/fr/statistiques/2489498#tableau-figure1_radio3



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Jobs done by undocumented immigrants

		Undocumented immigrants	The working general population (in 2014)
Job/activity sectors...		% weighted	%
...continued during the lockdown	Construction	34.7	4.2
	Cleaning services	17.7	9.5
	Other services to individuals	12.3	5.7
	Total	64.7	19.4
... stopped during the lockdown	Sales	10.3	3.1
	Restaurants, accommodation	9.3	3.9
	Beauty, hairdressing	7.5	0.9
	Others	3.4	21.7
	Total	30.5	29.6
Other jobs not in these categories		4.4	51.0

Reading: In France, 34.7% of the sample of undocumented workers worked in the construction industry. They accounted for 4.2% of the workers in the general population who work in this sector.

Sources: The "Premiers Pas" survey, the Directorate for the Coordination of Research, Studies, and Statistics (*Direction de l'animation de la recherche, des études et des statistiques*, Dares) [<https://dares.travail-emploi.gouv.fr/IMG/pdf/2013-079.pdf>]. [Download the data](#)



The "Premiers Pas"^a project, studies the experience of undocumented immigrants living in France with regard to their access to coverage and healthcare, with a focus on access to State Medical Aid (*Aide Médicale de l'Etat*, AME). The project adopted a multidisciplinary approach involving social anthropology and economics, and comprised a survey aimed at undocumented immigrants — the "Premiers Pas" survey — and a panel of administrative data relating to the State Medical Aid programme. It was carried out by a research consortium that comprised the Université de Bordeaux, the Université Paris-Dauphine, and the Institute for Research and Information in Health Economics (*Institut de recherche et documentation en économie de la santé*, IRDES). The *Fondation des Amis de Médecins du Monde* and the Regional Health Authority (*Agence Régionale de Santé*, ARS) in the Nouvelle Aquitaine region were also involved in this project. "Premiers Pas" was funded by the French National Research Agency (*Agence Nationale de la Recherche*, ANR) in 2016. The "Premiers Pas" survey was conducted in compliance with the data privacy regulation enforced by the French Data Protection Authority (*Commission Nationale de l'Informatique et des Libertés*, CNIL), registration number 2203002 v0 under the MR004 regulation. The "Premiers Pas" survey carried out in 2019 on 1,223 undocumented immigrants in 63 facilities, such as public services and NGOs that provided them with assistance, within Paris and in the Bordeaux conurbation. The survey on immigrants was preceded by a survey of the facilities themselves. The data used in this study predated the Covid-19 crisis. As a complement to the survey, a questionnaire was sent to the participating facilities about their situation and that of their users during the Covid-19 crisis. Only 12 replied, so no estimation from their responses were included in the study.

^a <https://premierspas.hypotheses.org>
<https://www.irdes.fr/recherche/enquetes/premiers-pas/actualites.html>

als tend to be employed on an informal basis (Page et al., 2020). Hence, informal workers may find themselves de facto out of work without being able to benefit from either the short-time working arrangements established by the government or the severance pay employees are usually entitled to.

This economic precarity may be aggravated by the health crisis. Indeed, half of the 12 facilities that took part in the "Premiers Pas" survey, and which responded to an additional questionnaire during the first lockdown, had to limit their opening hours or decrease the staff numbers, whether employees or voluntary workers (see Context). This applied in particular to three of the five facilities that provided food or clothing distribution services, five of the six facilities that provided legal assistance, and all of the facilities that offered assistance with administrative procedures. All of these facilities did, in fact, declare that less individuals had been visiting their facilities since the beginning of the crisis (see Context).

Lastly, some facilities experienced difficulties to implement health protection measures to contain the diffusion of the virus amongst their users. Of the 12 facilities that responded to our survey during the lockdown, half experienced difficulties in enforcing mask wear-

ing, safety distances, and precautionary measures (see Context). This is even more concerning because the organisations have declared that people who have Covid-19 symptoms have used their services.

Higher exposure to mental health issues

The lockdown may also have had an impact on the mental health of undocumented immigrants. Literature reviews (Brooks et al., 2020; Rogers et al., 2020) have shown that the quarantine measures had a significant effect on the mental health of the general population, in particular in relation to anxiety, post-traumatic stress disorders, and sleeping difficulties. In France, more specifically, the first lockdown resulted in a deterioration of the mental health of more than a third of French people (Gandré and Coldefy, 2020). The authors observed that it also aggravated pre-existing disorders, such as difficulties in concentration and the feeling of being unhappy or depressed. Several authors have insisted, in *The Lancet* medical journal, on the necessity of taking care of the mental health of migrants, political refugees, and asylum seekers (Singh et al., 2020; Mia and Griffiths, 2020; Koh, 2020).

Mental health problems are particularly common amongst undocumented immigrants. Before the lockdown, 44% were depressed, while the prevalence of depressive episodes reaches only 10% in the general population (Léon et al., 2018). As individuals with mental disorders suffer from significant excess mortality (Thorncroft, 2011; Wahlbeck et al., 2011) and are far less likely to use healthcare services (Lambooy et al., 2007; Gandré and Coldefy, 2020), it would be reasonable to assume that there is an increase in healthcare needs

amongst undocumented immigrants that are not being met. This situation is even more worrying because during the first lockdown the "Premiers Pas" survey (Dourgnon et al., 2019) indicated that six of the seven respondent facilities that helped individuals with their healthcare needs, particularly with regard to obtaining State Medical Aid (*Aide Médicale de l'État*, AME), had restricted their opening hours and that this restriction applied to all of the facilities that provided medical consultations. Furthermore, all of the facilities reduced the number of persons they employed.

Furthermore, isolation, which concerned 42% of the undocumented immigrants, compared with 20.1% in the general population (INSEE, 2016.), is also a factor linked with a deterioration of mental health (Coyle and Dugan, 2012). Loss of employment or income, combined with this isolation, may therefore worsen mental health disorders (Ezzy, 1993; Blasco and Brodaty, 2016). This should be correlated with the responses given by the 12 facilities that responded to our survey during the first lockdown, which addressed the pre-occupations of undocumented immigrants. According to these facilities, their users, who were undocumented immigrants, were more concerned about losing their employment, having financial problems, and losing their housing since the beginning of the lockdown (see Context). Furthermore, two facilities declared that the users' health status and access to healthcare were not as problematic as the other fields. They also noted that there was less demand for State Medical Aid. Health was probably a secondary consideration after financial issues.

* * *

Although our data does not make it possible to straightforwardly assess the extent of the impact of the first lockdown on undocumented immigrants, we have been able to identify the many vulnerabilities regarding the Covid-19 pandemic and the lockdown measures. Undocumented immigrants, in particular women, have a higher risk of

contracting a serious form of Covid-19. Furthermore, living conditions in France, the financial situation, overcrowded housing, isolation, and often deteriorated mental health are all fragility factors that have health-related and economic consequences due to the pandemic and lockdown measures. It is also likely that their access to healthcare has been particularly impacted because the healthcare professionals, employed in the healthcare facilities they usually attend, have sometimes been solicited by other departments. In addition, teleconsultation, which seems to be a relevant way for the general population to compensate for problems in accessing medical professionals, resulting from the Covid-19 pandemic, is less suited to vulnerable persons, persons who have more restricted access to medical infor-

mation, and those who face language barriers, as is often the case with undocumented immigrants.

This study—and we are aware of its limitations, because it is based on data that preceded the pandemic—highlights the importance of integrating the issue of undocumented immigrants into the measures aimed at countering the pandemic, and those designed to deal with the consequences of the health crisis and the lockdowns. It also underlines the importance of regularly collecting data about undocumented immigrants, who represent a population that is very heterogeneous and volatile, and often has no access to health protection measures—even those services specifically provided for these individuals—and is therefore particularly fragile. ♦

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