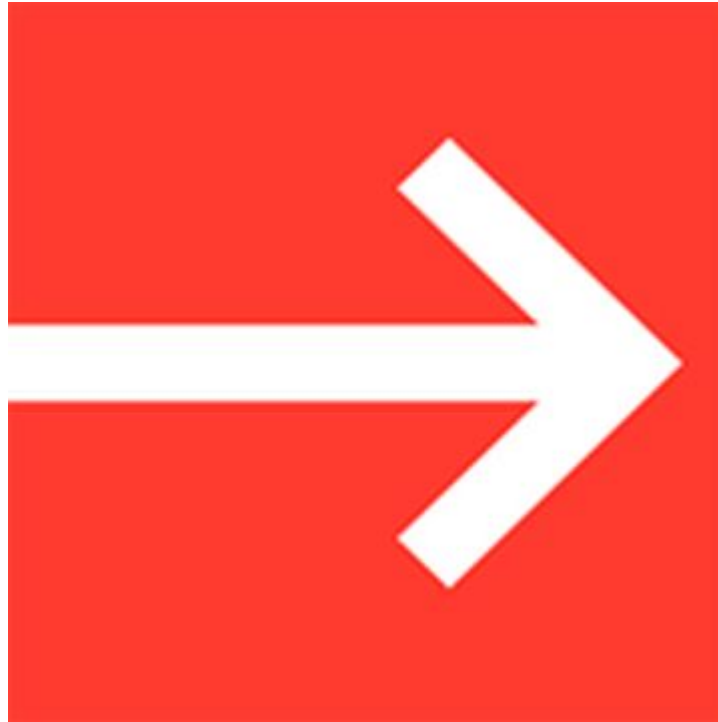


COVID-19 and the Swiss Asylum Regime | nccr – on the move

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14 décembre 2023



How are public health and asylum governance connected? During the COVID-19 pandemic, migration authorities took measures to maintain a certain continuity in asylum governance in Switzerland. By studying the pandemic's impact on the asylum regime, we not only see the importance of uninterrupted movement to it, but we also realize that the historical sanitary bordering on migrantized groups persists.

At the height of the pandemic, the measures taken to fight the virus jeopardized refugee protection in Europe, as it became virtually impossible to seek asylum while borders and asylum administration offices were closed in some countries. An enduring suspension of asylum procedures and deportation would have created many difficulties for the “usual order of things” within the Swiss asylum regime. The government implemented new measures to overcome these difficulties and ensure the continuity of the asylum system's functions.

European Asylum Governance

The European migration regime works by controlling, filtering (Achermann 2021), and securitizing (Xiang 2022) the movement of people, instead of trying to block all « undesirable » movements. As part of this regime, the Swiss asylum system acts as a filter. It houses some asylum seekers in centers to ensure they remain close by during the asylum procedure. Others are moved elsewhere, being sent to another country (be it for Dublin cases or rejected asylum claims).

During the pandemic, the mobility-reducing measures taken to fight the pandemic complicated the above-mentioned rationale. Cross-border mobility was drastically restricted, making deportations impossible. The Swiss Federal Council [explained](#) that this was risky, and that it was necessary to proceed with the asylum procedures “to ensure that the essential functions of the asylum system are maintained”. Stopping procedures would have created “problems of capacity in federal asylum centers (...) and undermine[d] the hygiene and behavioral measures recommended by the Federal Office of Public Health to deal with the coronavirus crisis.”

The Impact of COVID-19 on Asylum

In Switzerland, the migration administration never stopped, which exposed people going through an asylum procedure to potential infections when they went to their auditions. To ensure social distancing, some asylum seekers were housed in temporary centers and had to return to the center where they were registered for auditions. Moreover, [specific measures](#) have been implemented in the asylum system through the [Asylum COVID-19 Ordinance](#). It allowed the opening of new housing facilities and specified the conditions in which asylum auditions had to take place. These conditions included the fact that auditions could be held in the absence of legal representatives if this absence was related to COVID-19 (Art. 6), and the fact that asylum seekers would only have a virtual access to their juridical representatives and their translators during hearings to respect social distancing (Art. 4).

Finally, another striking example of active measures taken to avoid disruption concerns deportations. As many countries as well as airlines asked for negative COVID test results before flights, the Swiss federal government ruled in June 2021 that these tests [could be carried out by force](#), to prevent the refusal to do so from being used as a tactic to avoid deportation.

The Outcome of Measures Taken

The impact of these measures is visible in data published by the State Secretariat for Migration (SEM): While in 2020 and 2021 we noticed an almost twofold decrease in expulsions due to borders being closed, procedures and decisions did not stop, and the number of negative decisions was on the average. The SEM also [stated](#) that they managed to continue their strategy of reducing pending cases amidst the pandemic, and that 2020 had the least number of them since counting began in 1994.

The few examples described show that the goal of the measures implemented on the asylum regime was to ensure continuity, even if this could imply health risks and a reduction in legal guarantees for people undergoing an asylum procedure, i.e., the absence of legal representatives guaranteed by the asylum law. This shows that the Swiss asylum system is operating under a “just-in-time” principle, and as such is always on the verge of reaching a saturation point. The pandemic was therefore seen as an opportunity to reduce the pressure of pending cases.

Public Health and Migration Governance Remain Historically Connected

The mobility regime after the pandemic does not seem to represent a rupture with the pre-pandemic one. On the contrary, the elements we witnessed during COVID-19 can be seen as a continuity of the relationship between disease management and migration control.

In Switzerland, the measures contained within the Asylum COVID-19 Ordinance and the law allowing authorities to force COVID tests before deportation recall the work of the 'Border Medical Service' (*Grenzsanitätsdienst*). After WWI, the country created this service conducting medical tests at the borders to protect the "National Body" from the "hygienic" risk posed by foreigners (Kury, 2006). This service was also particularly active throughout the second half of the 20 century, taking charge of the mandatory sanitary controls for seasonal workers, who had their bodies scrutinized each time they came back to Switzerland to see if they were healthy and fit for work (Santos Rodriguez 2022).

The Swiss asylum regime thus seems to keep following old patterns of sanitary bordering of migrantized people. As for seasonal workers, the pandemic produced blurred the lines between migration control and public health.

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This blog post is part of our series « [Towards a Novel Mobility Regime.](#) »

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