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An Analytical Framework for Assessing Types of Refugee Accommodation from a Health Perspective

Abstract

Housing is an important social determinant of health. The type of housing in which refugees are accommodated varies widely. Measuring health-related attributes of accommodation poses methodological challenges. In this article, we develop a framework to describe health-relevant aspects of refugee accommodation as a first step to assess how different types of facilities affect the health of their residents. Our starting point is a paradigmatic form of refugee accommodation, the camp. With their often-extreme features, camps can help us to grasp the broad variety that accommodation-related health determinants can take. Research on refugee camps has been drawing from various fields and theoretical concepts – mainly the work of Arendt, Goffman, Foucault and Agamben. These concepts, interpreted from a social determinants of health perspective, provide the basis for our analytical framework of refugee accommodation in general. We show that housing in the context of refugee accommodation should be understood from (1), the broader political context; (2), the immediate surroundings of the accommodation and its physical and social boundaries; and (3), the structures and processes inside the accommodation that may establish means of social control. A fourth, subjective dimension complements our analytical framework. This framework provides the basis for future research to establish the pathways between features of refugee accommodation and the health of their residents.

Keywords: analytical framework, camp, history, housing, refugees, social determinants of health

Ein analytischer Rahmen für die Bewertung unterschiedlicher Typen von Flüchtlingsunterkünften unter gesundheitlichen Gesichtspunkten

Zusammenfassung

Die Wohnsituation ist eine wichtige soziale Determinante der Gesundheit. Flüchtlinge werden auf sehr unterschiedliche Weise untergebracht. Die Mes-

sung gesundheitsrelevanter Eigenschaften von Unterkünften ist eine methodische Herausforderung. In diesem Artikel entwickeln wir einen Rahmen zur Beschreibung gesundheitsrelevanter Aspekte von Flüchtlingsunterkünften. Damit schaffen wir eine Grundlage für Studien, die untersuchen, wie sich verschiedene Arten von Unterbringung auf die Gesundheit ihrer Bewohner auswirken. Unser Ausgangspunkt ist eine paradigmatische Form der Flüchtlingsunterkunft, das Lager. Mit ihren oft extremen Merkmalen können Lager dabei helfen, die große Vielfalt der unterkunftsbezogenen Gesundheitsfaktoren zu erfassen. Die Forschung zu Flüchtlingslagern stützt sich auf verschiedene wissenschaftliche Fachrichtungen und theoretische Konzepte – insbesondere auf die Arbeiten von Arendt, Goffman, Foucault und Agamben. Diese Konzepte, interpretiert aus der Perspektive der sozialen Determinanten von Gesundheit, bilden die Grundlage für unseren analytischen Rahmen für alle Arten von Flüchtlingsunterkünften. Wir zeigen, dass Wohnen im Kontext von Flüchtlingsunterkünften unter folgenden Gesichtspunkten betrachtet werden muss: (1) dem breiteren politischen Kontext; (2) der unmittelbaren Umgebung der Unterkunft sowie ihren physischen und sozialen Abgrenzungen; und (3) die Strukturen und Prozesse innerhalb der Unterkunft, die Mittel der sozialen Kontrolle schaffen können. Eine vierte, subjektive Dimension ergänzt unseren analytischen Rahmen. Dieser Rahmen bildet die Grundlage für künftige Forschungsarbeiten zur Ermittlung der Zusammenhänge zwischen den Merkmalen von Flüchtlingsunterkünften und der Gesundheit ihrer Bewohner.

Schlagworte: analytischer Rahmen, Flüchtlinge, Geschichte, Lager, soziale Determinanten von Gesundheit, Wohnen

1. Introduction: what we aim to achieve in this paper

The way refugees are housed, be it in private flats, communal shelters, or camps, can have substantial influence on their health. Yet it is methodologically challenging to measure health-related attributes of accommodation. In this paper, we aim to develop a framework to describe health-relevant aspects of refugee accommodation, thus providing a basis for future empirical research on how different types of facilities affect the health of their residents. Given the complexity of the housing context and the lack of established measurement tools, it remains unclear which factors an assessment of the health impacts of housing should include. We start by describing housing as a social determinant of health in part 2. In part 3, we assess refugee accommodation from an intentionally broad theoretical perspective. Our starting point is a paradigmatic as well as extreme form of refugee

accommodation, the camp. Refugee camps are extraordinary living spaces that are subject to great contextual variabilities. Proliferating in different parts of the world, controlled, and managed by different actors for different groups of people, camps occur in most different social-spatial and administrative forms.

It is from the angle of the ‹institutional› refugee camps that we view the housing-health relationship in this paper. With their often-extreme features, camps can help us to grasp the broad variety that accommodation-related health determinants can take. Research on refugee camps has been drawing from various fields and theoretical concepts – mainly the work of Arendt, Goffman, Foucault and Agamben. These concepts, interpreted from a social determinants of health perspective, then provide the basis for our analytical framework of refugee accommodation in general, which we develop in part 4. This is a first essential step to systematically assess the health impact of refugee accommodation, as we conclude in part 5.

2. Housing and health

Housing has physical attributes, related to the building and its environment; and it has social attributes, comprising the relations with residents of a flat or housing facility. Even the physical attributes are an expression of the societal and individual resources invested in housing. As many attributes of housing are associated with residents' health, they are often summarily considered as one of the social determinants of health.

2.1 *Housing as a social determinant of health*

Research has consistently shown associations between the context in which people live and their individual health outcomes (Baker et al. 2017; Bentley et al. 2018; Braubach et al. 2011; Braveman et al. 2011; Evans et al. 2003; Gibson et al. 2011; Holding et al. 2019; Jolleyman/Spencer 2008; Mallett et al. 2011; Rolfe et al. 2020; Ziersch/Due 2018). Physical health risks comprise the exposure to environmental hazards such as mould, dampness, toxins, low indoor temperatures, or overcrowding (Braubach et al. 2011).

The relationship between housing and health is far more complex and goes beyond these rather obvious and tangible associations with physical attributes. Baker et al. (2017) assessed the combined impact of factors such as affordability, security and quality of the dwelling, quality of the residential area and access to services and support on physical and mental health. They found that a higher level

of housing deficiencies is associated with worse physical and mental health outcomes. Holding et al. (2019) confirmed that the mental health of social housing tenants is influenced by a range of interlinked factors, such as the affordability of and satisfaction with living conditions, the physical conditions of the dwelling, the physical environment, and the social environment of the neighbourhood. Housing is thus widely considered as an important social determinant of health.

The World Health Organization (WHO) defines healthy housing as a shelter «that supports a state of complete physical, mental and social well-being [...] and provides a feeling of home, including a sense of belonging, security and privacy» (WHO 2018: 2). This definition already indicates that housing must be more than just the physical structures of the shelter itself but needs to include a range of contextual factors that all together can capture a «feeling of home». However, following this definition it remains unclear what is needed to establish a feeling of home; and thus, which contextual factors an assessment of housing should contain. The term home is not a material object but always refers to something personal and thus relational. As Karjalainen (1993: 70) puts it:

«As a home the house is a creation having special properties accessible only to the people who made it their home. These properties—sentiments, emotions, feelings of security, inter-personal relations, sociality, relations between the different generations and all of them with their positive and negative aspects—are difficult to portray from the outside.»

This implies that some people may live in precarious housing but still consider it as a beloved home while for others their neat house never really becomes a home. This shows that housing as a social determinant of health cannot be assessed only objectively but always needs to include subjective factors such as the sense of belonging or the satisfaction with the living conditions, as in Holding et al. (2019).

The role of the neighbourhood environment in the relationship of housing and health has frequently been underlined (Evans 2003; Krieger/Higgins 2002; Marmot/Wilkinson 2005; O'Brien et al. 2019; Voigtländer et al. 2010). In a meta-analysis by O'Brien et al. (2019), perceived neighbourhood disorder (e.g., measured by graffiti or dilapidated housing) was consistently associated with poorer mental health and self-reported health of residents. The findings of the study suggest a pathway supported by the psychosocial model of disadvantage, in which neighbourhood deterioration causes stress, which in turn impacts mental health (O'Brien et al. 2019). This is in line with the results of the review by Evans (2003) in which social and physical attributes of neighbourhoods were found to increase psychosocial distress. Further, especially in terms of mental health, housing may be influenced by a range of other factors. Psychosocial processes

such as issues of identity, insecurity, social support, or control were found to mediate the relationship between housing and mental health (Evans 2003; Evans et al. 2003). While many of the studies cited here control for confounders such as socioeconomic status, most are cross-sectional. This is a limitation as this design merely allows to establish association, but not to infer causality.

Besides the housing and neighbourhood conditions, frequent changes of accommodation also seem to negatively affect health. Bentley et al. (2018) found that multiple transitions in and out of social housing increase psychosocial distress and strongly impact mental health. In line with that, Jolleyman and Spencer (2008) concluded in their systematic review that increased residential mobility is a risk factor for behavioural and emotional problems in children.

The housing-health relationship has also been studied specifically among refugee and asylum seeker populations which comprise particularly marginalized groups (including female, young or old asylum seekers) who frequently live in deprived areas with less favourable living conditions (Bozorgmehr et al. 2017). As refugees and asylum seekers already face a wide range of pre-, peri- and postmigration risk factors for mental disorders (Priebe et al. 2016), it is all the more important to comprehensively assess the impact these living conditions have on individual health outcomes. For refugee and asylum seeker populations, appropriate housing is not only important from a health perspective, it also forms a key indicator for a successful integration (Ager/Strang 2008; Ziersch/Due 2018). In a recent systematic review, a consistent association was found between housing and physical and mental health outcomes of refugees and asylum seekers. While studies conducted in refugee camps in low- and middle-income countries predominantly pointed to poor physical living conditions, studies in resettlement countries (usually middle to high income countries) additionally revealed key emerging issues in regard to affordability, suitability, insecure tenure and mobility as well as difficulties securing housing (Ziersch/Due 2018). However, the authors underlined that the housing-health relationship is intertwined with other factors, such as issues of discrimination or with building social connections, and they point to the need of better research tools to explore this relationship more generally for refugee populations (Ziersch/Due 2018). Ager and Strang (2008) have developed a conceptual framework containing core domains for a successful integration; housing is considered as one of the key variables. The housing domain included factors such as physical size, quality of housing, financial security of the tenancies, and ownership. However, the refugees and local residents interviewed pointed more to the importance of cultural and social impacts of housing (such as the significance of neighbourhoods or the meaning of being settled in an area)

than to the factors the authors used to assess the housing domain (Ager/Strang 2008). In short, empirical research assessing the housing-health relationship has identified various (often interlinked) contextual factors associated with health. Psycho-social processes are likely to mediate this relationship.

2.2 The political context of refugee accommodation

Besides physical and social factors of housing, including their subjective components, there is another domain of apparently relevant contextual factors, the political domain of housing. Within the framework developed by the Commission on Social Determinants of Health (CSDH – Conceptual Framework), housing is conceptualized as *material circumstances*, which comprise resources for health as well as health risks (Solar/Irwin 2010). Within this framework, housing relates to physical factors of the dwelling itself, such as the structure, indoor and outdoor conditions, but also to the location of the dwelling and the neighbourhood environment (Solar/Irwin 2010). The framework further illustrates how these housing characteristics are being shaped and formed by the socioeconomic and political context. Material circumstances are conceptualized as downstream factors that reflect the place people live in within a society; factors shaped by individual socioeconomic positions which have arisen from the underlying socioeconomic and political context (Solar/Irwin 2010). The CSDH Conceptual Framework thus underlines the role of political decisions and resulting policies that determine the distribution of resources within society.

From the perspective of refugees and asylum seekers, the political domain seems particularly relevant since the political agenda, as well as underlying migration and social policies that are in place, shape refugee accommodation. This, in turn, can affect the health of the residents. For example, the UK and the Netherlands both provide state-mandated accommodation. Bakker et al. (2016) compared these two accommodation types. Asylum seekers in the UK are often allocated to decentralized accommodation (after initial processing in reception centres) which are located within communities but often in deprived areas with relatively poor housing conditions. Asylum seekers in the Netherlands, in turn, are assigned to collective accommodation centres which are located in the periphery of communities. While the former type of accommodation may be associated with deteriorated physical health, for the latter the authors found an impact on mental health outcomes, presumably due to a lack of autonomy and privacy (Bakker et al. 2016).

Germany also provides state-mandated reception centres for asylum seekers. For a period of up to 18 months after arrival, asylum seekers are obliged to live in initial reception centres according to § 47 Asylum Act. Thereafter, they are distributed to districts or municipalities within the same federal state. The federal states are responsible for the distribution, reception, and accommodation, based on state laws and regulations. They usually delegate responsibilities to districts and municipalities, which then have to provide and manage facilities (Aumüller et al. 2015). Subsequent accommodation can either be decentralized in form of private housing or centralized (i.e., collective facilities), though, according to § 53 Asylum Act, asylum seekers should as a rule be accommodated in collective facilities. Thus, the type and structure of accommodation for refugees and asylum seekers in Germany (and in other resettlement countries as well) is politically predetermined, depending on the respective laws and regulations on a federal state, district, and municipality level. This political predetermination is illustrated by the different ways refugees from Ukraine are accommodated. Almost immediately after Russia's invasion, the EU activated the Temporary Protection Directive 2001/55/EC exclusively for Ukrainian refugees, offering them access to employment, housing, social welfare, and medical treatment. Ukrainian refugees are not obliged to remain in a particular EU country, community, or mass shelter – unlike refugees from Syria and African countries, who continue to fall under the Asylum Act (Razum et al. 2022).

As a first step in developing a framework to describe health-relevant aspects of refugee accommodation, we assess refugee accommodation from an intentionally broad theoretical perspective. Our starting point is a paradigmatic as well as extreme form of refugee accommodation, the camp.

3. Theoretical perspectives on refugee camps

Our theoretical perspective focuses on refugee camps (also comprising collective accommodation here) as a specific type of refugee accommodation. We analyse how camps can be understood from philosophic, sociological, and political perspectives. In the process, we ask which dimensions and contextual factors of the camp context are important to consider based on the selected, not directly health-related concepts. How should these different theoretical perspectives be connected to obtain a broad understanding of this context? We assume that the dimensions and contextual factors identified in the camp context provide a comprehensive picture because of the extremity of the camp situation, so that they

will also cover all relevant aspects of the general refugee accommodation context (where they may be expressed in much weaker form though). On this basis we construct an analytical framework that comprises relevant theoretical and empirically based dimensions and contextual factors of refugee accommodation (with a focus on operationalization in a German context) which will provide a basis for future studies to systematically assess health impacts of housing.

To establish which theoretical concepts are discussed internationally, we reviewed literature on different types of camps from the fields of architecture, urbanism and geography, international relations, human rights, and political sociology. We identified four scholars who are frequently referred to or whose concepts were applied, namely Hannah Arendt, Erving Goffman, Michel Foucault, and Giorgio Agamben. We explored their main ideas and deduced dimensions and contextual factors from their concepts that are relevant for the analysis of refugee camps (and refugee accommodation in a broader sense). To be able to clearly discriminate between different types of camps, we included in our analysis literature on concentration camps. This may seem far-fetched or even highly inappropriate at first glance. However, we found it informative to learn from extreme cases, not the least in view of the substantial body of literature calling refugee camps concentration camps (e.g., Michel Agier).

The Holocaust and the mass murder of non-Jewish populations by Nazi Germany has profoundly shaped the understanding of the term concentration camp. Moreover, iconic images of Auschwitz-Birkenau led to the impression that concentration camps are by their very nature extermination camps. This is a misconception: concentration camps exist «on a continuum of carceral practices that includes prisons, detention centres, and extraterritorial holding pens» (Stone 2017: 4). Auschwitz, for example, fulfilled the functions of both a concentration camp as well as an extermination camp. Other Nazi concentration camps were not primarily established for systematic murder while yet others such as the camps of Chelmno or Treblinka were only extermination camps. Further, concentration camps existed decades before and after the Second World War in different parts of the world, established to hold different groups of people, but not usually with the primary aim of extermination (Stone 2017). If concentration camps are considered as «an isolated, circumscribed site with fixed structures designed to incarcerate civilians» (Stone 2017: 4), the question to which extent contemporary refugee camps, detention camps, internment camps could be called concentration camps seems less inappropriate: all these types of camps form sites in which people, at least to some extent, are held against their will (Stone 2017). There is a second relevant criterion, namely the degree of access to legal arbitration that

camp inmates have. Such access will be existent in refugee camps in countries with an independent legal system. Concentration camps, however, tend to be extra-legal spaces in which inmates cannot appeal being held. Looking at the nature and the history also of concentration camps can thus be meaningful to learn more about the nature of refugee camps.

3.1 Hannah Arendt's typology of concentration camps

In the frame of her analysis of total institutions, Hannah Arendt developed a typology of concentration camps that serves as a basis for many other theoretical considerations (Agamben 2000; Kotek/Rigoulot 2001; Van Pelt 2011; Weinert/Mattern 2000), also with a specific focus on the contemporary refugee situation (Barichello 2015; Larking 2018). Based on Western concepts of after-life, Arendt divided camps roughly into three Weberian *ideal types*: *Hades*, *Purgatory* and *Hell* (Arendt 1948) which are gradually marked by a series of humiliations. *Hades* represents a not exclusively totalitarian form of camp which is placed outside the normal penal system and has the overall function to isolate all those people that are seen as undesirable or superfluous, such as refugees or displaced persons. In addition to the isolation of people, *Purgatory* is characterized by unstructured forced labour. Arendt refers to the Soviet Union's labour camp as an example for this second type. *Hell* is consequently representing the worst form of camps in her typology. The Nazi concentration camps exemplified the systematic torture that is characteristic for this type (Arendt 1948).

What, according to Arendt (1948), all types of concentration camps have in common is that their occupants «are treated as if they no longer existed, as if what happened to them were no longer of any interest to anybody, as if they were already dead» (Arendt 1948: 750). Inmates are gradually turned into «living corpses» (Arendt 1948: 751) in three consequent steps: in *Hades*, the juridical person is eliminated from the individual, putting the inmates' existence outside legality. In *Purgatory*, the moral person, in addition, is destroyed, and life or death becomes irrelevant, which obliterates the role of victims and abandons human solidarity. And finally, in *Hell*, people's unique identity is destroyed, reducing inmates to naked human beings. This gradual preparation of inmates to living corpses and the underlying terror and torment in the camp reveals the idea that everything is not only permitted but also possible in totalitarian regimes (Arendt 1955). Following Arendt, concentration camps can thus be considered as spaces beyond the law that deprive inmates of all that is human, aiming to

depose all those that are superfluous (Arendt 1955). Carl Schmitt, a controversial political theorist and committed Nazi, justified this suspension from law in the state of exception. Following Schmitt, proclaiming a state of exception would legitimate governments to diminish constitutional rights to secure or maintain social order. The state of exception thus allows authorities to temporally suspend the existing legal order and define new laws without being bound by them (Meierhenrich/Simons 2016).

Later, other scholars have extended Arendt's typology by two more types: firstly *Gehenna*, which is supposed to mirror the worst form of the Nazi concentration camps that exclusively served as centres for genocidal mass murder without any camp-like infrastructure (Kotek/Rigoulot 2001). Secondly, *Paradise*, describing those Nazi camps aiming to gather and train young German men in order to build a unified and strong society, and to shape a sense of community and identity (Van Pelt 2011).

Trying to localize contemporary refugee camps in this five-tiered typology is useful for several reasons. First, it puts a focus on the underlying intention of the camp. Are contemporary refugee camps established for reasons of isolating the superfluous people such as in Arendt's *Hades* or rather for empowering and strengthening the residents such as in Van Pelt's *Paradise*? Second, it draws attention to the question whether refugee camps are operating outside law, or which legal frameworks do apply (such as: international law, national law, customary camp laws?). Third, depending on the legal order and the intention of the camp, camp residents face different consequences, which should be analysed. Which structures and processes have been established that may attack the moral person in man (here comprising all genders), thus impeding any kind of agency or human solidarity, or that deprive the residents of their identity? To which extent do these structures and processes still allow a self-determined life, or do they narrow down the residents' individuality? Experiences of legal exclusion, moral degradation, and lacking self-determination present additional peri- or postmigration stress factors impacting the health of refugees and asylum seekers (Li et al. 2016).

Later authors have further developed Arendt's typology and adapted it to contemporary camps for displaced persons and refugees (Schulze Wessel/Razum 2022). Among them is Michel Agier (2011) who distinguished four types of camps: First, self-settled and self-organized places, abandoned and informal zones inhabited by displaced people; second, sorting centres such as transit centres, waiting zones and detention centres, all under institutional control (e.g. by national administrations, police institutions, UN agencies, humanitarian NGOs)

and all «generally associated with practices of selection, expulsion or admission» (Agier 2011: 47); third, refugee camps as most standardized form of camps, established for «the provisional stationing of a displaced and controlled population» (Agier 2011: 53), often located remotely with supervised access; and fourth, refugee camps for internally displaced people, similar to international refugee camps but more precarious and uncertain since legal and social protection is not guaranteed. Unlike Arendt, who conceives the camp as a completely detached place, literally outside the world, Agier sees them rather as «vague waiting rooms», placing refugees outside of time (Agier 2008: 40; Schulze Wessel/Razum 2022: 38 ff.).

3.2 Erving Goffman's total institutions

Another approach for the analysis of refugee camps is the concept of total institutions by the sociologist Erving Goffman. In his book *Asylum*, published in 1961, Goffman analyses total institutions and the social situation of psychiatric patients. His ideas are not exclusively limited to psychiatric patients, they rather serve as a concept for social institutions in general. In total institutions, main spheres of life, such as eating, sleeping, working, and playing, are organized for entire groups of people under one and the same authority (Goffman 1973). Goffman (1973) classifies total institutions into five groups, depending on the underlying intention: 1) for the care of dependent people, such as retirement homes, 2) for the care of people who are believed to pose an unintended threat to society, such as mental hospitals, 3) for the protection of the community (e.g. prisons or prisoner-of-war [POW] camps), 4) for work (e.g. labour camps), and 5) as a refuge from the world (e.g. monasteries).

All five types have in common that mechanisms are in place that maintain social stability, though these mechanisms can differ profoundly, ranging from coercion such as in prisons, and renumeration (e.g. in labour camps) to shared ideology as in monasteries (De la Chaux et al. 2018). In all types of total institutions, the inmates are not only segregated from the society, life inside the institution also becomes to a greater or lesser degree formally administered and controlled. To accomplish the institutional goal of social stability, procedures are in place that disrupt individual autonomy, self-determination and freedom for action, Goffman speaks of «mortification». The restriction of freedom of movement and the separation from the outside world leads to «civil death», the loss of social roles and civil rights. Admission procedures, expropriation of personal property

and permanent regulations make the inmates aware of their low status, induce a loss of identity and undermine the autonomy of the inmates. Goffman also speaks of physical and interpersonal humiliations, the former through poor food or dirty quarters, and the latter by practicing body controls or by disrespecting different age- or ethnic groups (Goffman 1973). All these mortifying procedures seem to be particularly relevant for health, given the psychological stress they can induce.

According to Al Ajlan (2020) and Christ (2017), it is these elements of total institutions that engender violence and conflicts among residents of collective accommodation centres in Germany. Often, the accommodation centres are located remotely and isolate the inmates from the community. Inside the accommodation, residents live in a confined space with little privacy and possibilities for retreat. Further, everyday life is subject to internal rules and regulations, for example, in terms of eating habits, cultural traditions or welcoming friends. Al Ajlan (2020: 21) therefore concluded, that violence among the residents «should be understood as a product of the institution and not as outcomes of individual choices». De la Chaux et al. (2018) found, though, that refugee camps do not match all elements of total institutions adequately. Drawing on their research in the Dadaab refugee camp in Kenya, they argue that camp residents accessed the camp voluntarily and at least inside the camp could move freely. Further, they point to aspects of mutual dependence that exist between residents and camp staff and less to unilateral control mechanisms. They thus state that refugee camps are similar to total institutions but would not fall into one of Goffman's categories.

Goffman's lens offers a perspective on totalitarian elements of refugee camps, thus on structures and processes inside the camp that are used to accomplish and maintain social stability by centralizing the resident's life to the level of the institution. Identifying mortifying procedures that control and supervise the inmates, reduce their privacy, deprive them of a decent occupation, accommodate them under inadequate physical living conditions, or put them in a position of begging for daily necessities helps to understand pathways that may generate stress and indirectly lead to poor physical and mental health.

3.3 Michel Foucault's heterotopias and disciplinary institutions

Refugee camps can be seen as «transitory places where the residents as individuals are temporarily reduced to the functionality of the institution» (Göller 2020: 70). But how does the *institution* refugee camp function, with which consequences for the residents? Michel Foucault's *heterotopias* serve as an analytical

frame here. Foucault described heterotopias as real, locatable places, «which are something like counter-sites, a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested and inverted» (Foucault 1986: 24). To describe or analyse different spaces as heterotopias, he set out six principles in his *heterotopology* (Foucault 1986). Though he did not literally name camps as example of heterotopias, they can be analysed as such with the help of these six principles. First, he laid out two main categories: heterotopias can either be seen as spaces for those being in crisis and therefore need to be protected (*crisis heterotopia*), or as spaces for people showing a behaviour that is deviant from the general norm, which would justify separating them from their environment (*heterotopia of deviation*). Second, Foucault pointed out that heterotopias can have different functions, depending on the time and the culture in which they occur. Third, heterotopias are able to represent several different, contrasting sides in only one single, real space. Fourth, heterotopias are either «linked to the accumulation of time» (Foucault 1986: 26), thus having an indefinite, eternal existence, or are rather temporal and exist only for a short period of time. The fifth principle implies that heterotopias form a system of opening and closing. Thus, they are not freely accessible for everyone but rather isolate those that have permission of access from those who have not. The sixth principle describes how a heterotopia contrasts to all the remaining spaces, and how it creates a space that is other by representing everything that the remaining spaces are not (Foucault 1986).

International refugee camps (Agier 2011; Oddenino 2018) and German collective accommodation centres (Göler 2020) have been considered as such heterotopias. By analysing refugee camps as heterotopias, they are conceived as a product of particular political and social processes in a particular time and space (Göler 2020). The heterotopia lens enables to look at camps from a rather relational perspective since it helps to analyse the space of the camp in its interaction with the social and political environment. The focus is thus not solely on the physical structures or geographies of the camp but also on surrounding processes that give rise to these structures. When interpreting refugee camps as heterotopias, we need to ask which role is ascribed to the camp residents in community and political discourses. Are they understood as people being in crisis and therefore need to be protected? Or rather as being deviant and therefore need to be separated? These opposing views lead to different layouts of camps. Further, Foucault's concept informs about the specific function of the camp and the scope of life that it embraces. How does daily life differ for camp residents compared to people from the local community? Do residents have a chance to settle or is the

camp only for a temporary stay, making it impossible to call the place ›home‹? And lastly, what are processes and structures of the camp that ›other‹ people, i.e., emphasizing the otherness of the residents and segregating them from the rest of the community, which would impede social integration of the residents? Considering psychosocial processes as mediators in the housing-health relationship (such as issues of identity or social support), it is reasonable that those structures and processes that may other and segregate the residents can indirectly impact health by impeding residents from developing a sense of identity and from perceiving social support.

A second approach to analysing camps can be derived from Foucault's book *Discipline and Punish* (1976), in which Foucault analysed the paradigm switch in the penitentiary system when in the 18th century large prisons were built and criminals were no longer physically tortured in public but incarcerated in prisons. He attributed this to the development of discipline and the consequent need to establish institutions to observe and control maintenance of discipline. Foucault argued that the basis for the disciplinary model was the plague epidemic which had made it necessary to control, register and separate people as a mean to secure power over the population. Later, discipline extended to the field of incarceration, directed at all that was considered abnormal and in need to be improved (Foucault 1976). By drawing on Jeremy Bentham's Panopticon (a prison design allowing to observe all inmates from a central sentinel), Foucault drafted a perfect model of a modern disciplinary institution. The Panopticon represents a space with a single point from which everything within this space can be seen, although this point cannot be observed from any place in the panoptic scheme. It thus describes a closed, completely controlled space in which every resident has his fixed place, and all events can be observed and registered. However, since the resident himself cannot see whether he is being observed or not, he will maintain self-discipline and show an obedient behaviour. The panoptic scheme therefore represents a method of exercising power over people or ascertaining power without the need for corporal punishment. It defines the relationship of power to the everyday life of people (Foucault 1976). Foucault further points out that the panoptic scheme is not restricted to prisons but that its characteristics can be observed throughout society. Wherever there is a need to keep a certain number of people under control, the panoptic scheme can be applied: to students who need to be instructed, to ill people who need to be cured, to workers who need to be supervised, to criminals who need to be incarcerated, etc. Schools, hospitals, labour camps, asylum homes or prisons – all these institutions can be seen as disciplinary institutions according to Foucault. The power of decision-making is

thus no longer exclusively vested in the states, but is shifted to microstructures: to doctors, teachers, supervisors, wardens etc. Human beings can even be their own prison wardens (Foucault 1976). And this is what Bochmann (2018) has observed in a Burmese refugee camp. She considers the act of aid delivery as a disciplinary institution. She found that in the process of rice distribution, forms of control and discipline are produced collaboratively by the camp residents themselves, and that camp structures (here regarding the ration distribution system) are not exclusively created on a meso level by governing actors or humanitarian organizations (Bochmann 2018). It needs to be discussed to what extent refugee camps can also be considered as disciplinary institutions. We thus use a lens that is – in parallel to Goffman's total institutions – focused on the institution *«camp»* and its inherent mechanisms of (micro-)control: How is the daily life of the residents controlled by certain regulations and procedures in the camps? To what extent can camp residents participate in decision-making processes and actually shape the camp context?

Foucault later recognized that besides the disciplining of the individual body biopolitical processes play a decisive role in describing power relations of modern times (Foucault 1979), supporting the inclusion of political aspects in the analysis of refugee camps. Foucault argues that in the age of modernity, sovereign states are increasingly concerned about the power over life and all its facets. The sovereign power is determined to maintain and foster life, and to control and regulate it, rather than to repress, bend, or destroy it. Following Foucault, the lives of population members become the object of political interventions, and this can be seen in various aspects such as the control of birth and death rates, or the measurement of fertility, life expectancy, or the general health status of the population. While in former times the existence of the sovereign was the matter of utmost priority, in the age of modernity the biological existence of a whole population is what counts most (Foucault 1979). Using this *«biopolitical lens»*, the analysis of refugee camps would explore the role of states more closely. Following this approach, refugee camps can be seen as a means used by states to aggregate and form a measurable population of displaced persons in order to keep control over it (Bulley 2014). Securing the biological existence, then, only serves as a vindication for control mechanisms, as Agier (2011: 211) puts it: *«the protection of the stateless (when this is still mentioned) is no more than a euphemistic justification for controlling the undesirables»*. A biopolitical perspective would therefore need to investigate national and international legal or policy frameworks and political decisions at municipal or district level that interfere with or determine the life of refugees and asylum seekers in camps. From a

health point of view, this biopolitical perspective is particularly insightful since the «protection of the stateless» (Agier 2011: 211) would suggest a protection of health while the underlying control mechanisms and the resulting reduced level of self-determination could rather have negative effects on health. This perspective could thus reveal an ambiguity between political motives and actions with potentially different effects on health.

3.4 Giorgio Agamben's space of exception

The work of the Italian philosopher Giorgio Agamben (2000) has influenced international research on displacement and encampment from a political perspective (Katz 2017; Martin 2019) and offers another lens for analysis. Agamben (2000) has continued Arendt's thoughts on concentration camps as spaces that destruct humanity, but also draws on Foucault and his concept of biopolitics, which he misses in Arendt's analysis of totalitarian regimes, as well as on Carl Schmitt's concept of the state of exception.

According to Agamben, it is only due to the state of exception that everything is possible in camps. He attempts to theorize the modern camp and its spatiality as a permanent space of exception where people are reduced to naked, bare life, deprived of subjectivity. He considers the camp as a technology of power by the states; a space that separates those whose life is worth living from those who need to be abandoned and excluded; a space in which the life of the residents is included in the legal order solely by exclusion, and thus actually becomes politicized (Agamben 2000). Agamben states that in modern polities, the traditional ancient Greek division between the natural life (*zoe*) and political life (*bios*), which has maintained the political order for ages, is unravelled and biopolitical bodies are produced (Agamben 2000). Camps are the most absolute biopolitical spaces in which the permanent state of exception is materialized. As a consequence, camp inmates find themselves in a zone of indistinction between right and wrong, exception and the rule, or *zoe* and *bios* (Agamben 2000, 2015). Thus, the camp can be seen as «the hidden matrix and new nomos of the political space in which we still live» (Agamben 2015: 36).

Agamben does not distinguish between different types of camps with their specific histories and topographies, but compares Spanish refugee camps, the «zones d' attente» of French international airports, and also Guantanamo Bay with concentration camps, arguing that they all have the same underlying structure, and one thing in common: the suspension from law based on the permanent state of

exception (Agamben 2015). For this lack of distinctiveness and the consequent relativization of genocidal mass murder in some types of the Nazi concentration camps, he has often been criticized (see Klävers 2019; Stone 2017; Werber 2002). Stone (2017) points out that various types of concentration camps exist which have not exclusively arisen under dictatorships. Though he acknowledges that camps are the product of modernity, he underlines that they have different historical contexts and specific institutional practices that must be considered. Further, Agamben's perspective has led to a new kind of camp studies in the international refugee camp context that Martin et al. (2019) describe as *«post-Agambenian studies»* overall stating that refugee camps are not exclusively spaces of exception that reduce their residents to bare life but that the exceptional conditions can actually reshape the resident's identity and offer opportunities for political action (Martin et al. 2019). The camp residents themselves can thus also have an influence on their living place, depending on the resources they have and use. The case of Behrouz Boochani, a journalist who fled from Iran and spent six years in an Australian offshore detention centre on Manus Island, Papua New Guinea (meanwhile closed), illustrates that. In his book *«No Friends but the Mountains»* (Boochani 2018) he describes in detail the harsh conditions the residents faced in the camp, whether concerning hygienic conditions, medical access, or mechanisms disrupting residents' identities. But still, Boochani describes moments of happiness, daily dance sessions; moments that show that residents (at least to some extent) regained agency over their lives despite the conditions they face (Namer et al. 2022). Qualitative empirical research confirms this, such as the work by Veronese et al. (2020).

An analytical lens based on Agamben is – like Foucault – focused primarily on the state level and underlying biopolitical mechanisms that aim to keep control over refugee populations. In line with Arendt, camps are considered as spaces outside law which according to Agamben results in camp residents being reduced to bare lives. An analysis informed by Agamben would therefore investigate whether camp residents are in fact suspended from law, it thus needs to assess legal and policy frameworks. In light of the discussion of Agamben's concept of *«bare life»* it should also be analysed to which extent residents actually perceive to have agency over their life (despite restrictive legal frameworks that are in place). Considering refugee camps as state of exception may point to negative health effects for the residents: being legally included solely by exclusion would deny any legal protection and could increase individual vulnerability. Being constantly controlled and perceived as superfluous may affect people's personal well-being

and reduce their quality of life, the «zone of indistinction» and the resulting absence of order may result in precarious, undignified living conditions.

4. Framework development

In the previous section, we have outlined pertinent theoretical concepts and ideas about the meaning of camps and social institutions. Additionally, we have summarized how each of these concepts can inform the analysis of refugee camps as a specific type of refugee accommodation. We now present the most important ideas of these concepts and derive from them dimensions and aspects that are relevant for an analysis of refugee camps from a health perspective. Our starting point is Dahlgren and Whitehead's (1991) classical model of the main (social) determinants of health, a model which graphically positions determinants at various levels around individuals and their health. Using this model as a starting point, and acknowledging the theoretical perspectives on the nature of camps and social institutions, four dimensions need to be considered to investigate how the mode of accommodation may affect the health of refugees: first, a political or legal dimension, second, a societal perspective, third, an institutional dimension, and fourth, an individual dimension.

The following section provides an overview of each of these dimensions. It also describes how the identified contextual factors can be operationalized, either, if available, by established measurement instruments – or by indicators we developed ourselves (which would demand testing and validation). The operationalization of the dimensions is also summarized at the end of this chapter (Table 2). Since the operationalization demands a specification, we focus on collective accommodation in a German context but are aware that the international camp context would require an adapted set of indicators. This, however, will be part of subsequent work.

4.1 Political dimension

The political or legal dimension comprises the legal-administrative arrangements under which camps operate, and which are the result of a policy framework, as we have demonstrated above, drawing mainly on Foucault's concept of biopolitics, Arendt's typology of concentration camps, and Agamben's space of exception. The central question is here how politics interfere in the camp resident's life and whether camp residents are reduced to biopolitical bodies deprived of their

rights. To answer this question, it would be useful to investigate why the camp has been established: for controlling deviant people, caring for dependent people, or rather for empowerment? It is plausible that the layout of the camp is closely linked to the underlying political intention. This, however, is rather hidden and intransparent, and thus hard to investigate directly. If political motives can be identified at all, they may not reflect the full picture; moreover, the intention will only have an additional effect on health (besides the resulting socio-physical aspects of camp) if refugees perceive them.

The political dimension can be analysed by assessing the restrictive nature of asylum and migration laws in terms of accommodation as well as policies promoting (or inhibiting) integration. Underlying is the assumption that the political intention is reflected in laws and administrative regulations. Are there policies that tie refugees and asylum seekers to certain types of accommodation and limit their freedom of movement? Are there policies that centralize life on the level of accommodation (such as schooling of refugee children outside the regular system), thus contributing to segregation? Or do policies promote the transfer to decentralized accommodation and grant, for example, housing benefits? Finally, to what degree are laws and regulations actually adhered to?

Since no established measurement instruments could have been identified that measure this rather specific field, we suggest the following indicators to operationalize this dimension in a German context:

Indicators for restricted freedom of movement:

- Residence obligation I: Do policies envisage compulsory residence in a particular district or municipality? (Depending on status of asylum application).
- Residence obligation II: Do policies envisage compulsory residence in collective accommodation centres? (Depending on status of asylum application).
- Length of stay: What is the minimum / average length of stay in the accommodation? (Taking into consideration local availability and affordability of private accommodation).

Indicators for limited integration opportunities:

- Access school system: Do policies envisage that children are schooled inside the accommodation centre or do they have access to regular schools, and without undue waiting periods?
- Availability of affordable housing: Do policies grant housing benefits?

4.2 *Societal dimension*

Based on Foucault's concept of heterotopia (see chapter 2.3 for details), the societal dimension sets the camp in relation to its surroundings and thus focusses on its immediate physical and social environment. The main question related to this dimension is to what extent the camp can be considered as *other* place, a space socially and physically detached from its surroundings. To find out more about the space »camp« as such and its relations to the surroundings, the general appearance, accessibility, and localization of the camp can be assessed, which may inform about how the camp fits in its environment. Further it needs to be investigated whether the residents themselves are either accepted by and integrated into the community, or whether they form a separated – other – group. And further: do residents have a chance to settle and call the place home or is it rather a place of transit? And what if the structures imply a temporary stay but refugees reside there much longer than expected?

To operationalize this dimension, two main spheres have to be assessed: first, how the physical environment of the camp differs from the surroundings (and thus visibly attributes to the exclusion of the residents) and second, the inclusiveness of the social environment.

Indicators for physical environment:

- Outer appearance of the camp

The SHED («Small-area Housing Environment Deterioration») Index assesses different domains of the physical environment of living places and has already been used in studies of for refugee and asylum seeker populations in Germany. Originally developed in the context of the (now disputed) Broken-Window Theory, the SHED is an established instrument to investigate the quality of windows, walls and outside spaces as well as the presence of garbage or graffities and an overall rating of the living environment (Mohsenpour et al. 2021; Bozorgmehr 2022). To investigate the outer appearance of the camp, the items reflecting the outdoor environment of the camp can be used.

- Neighbourhood characteristics

To compare housing environment deterioration with neighbourhood deterioration, more information about the neighbourhood of the camp is needed. However, there is a great variability of applied measurements of neighbourhood deterioration in empirical research (Ndjila et al. 2019). Marco et al. developed and validated a Google Street View (GSV) – based Neighbourhood Disorder Observational Scale in a European context. The scale measures similar

domains on the neighbourhood level compared to the SHED (e.g., graffiti and garbage in the street, abandoned or vandalized buildings) but also the level of deterioration of recreational places.

Neighbourhood characteristics such as the level of remoteness, the security of the neighbourhood but also a subjective evaluation of the neighbourhood quality can be assessed by selected items of the German Neighbourhood Environment Walkability Scale (NEWS-G) (Bödeker et al. 2012), which measures, among others, the kind of buildings in the neighbourhood (section A), the distance to shops and public services (section B and C), the quality of the neighbourhood environment (section F) as well as security from crime (section H), which are all relevant for assessing the societal dimension. The Neighbourhood Environment Walkability Scale is a widely used and validated subjective measurement scale analysing residential environments for friendliness towards physical activity that recently has been adapted to the German language and culture (Adams et al. 2009; Bödeker et al. 2012). First analyses found acceptable psychometric characteristics and good stability, though the NEWS-G has to be evaluated in more representative studies (Bödeker et al. 2012), and complemented by items covering the quality of public services such as schools.

Indicators for social environment:

■ Perceived trust and solidarity in the neighbourhood

The extent refugee residents perceive trust and solidarity within their neighbourhood can be measured with the Integrated Questionnaire for the Measurement of Social Capital (SC-IQ), which was developed by the World Bank, originally for application in developing countries (Grootaret et al. 2004). The SC-IQ has six different dimensions, one of them comprises items regarding trust and solidarity. Though the items would need to be culturally adapted, tested, and validated in a German context, items 2.2, 2.3 and 2.5 seem broadly appropriate. The dimension measures aspects such as: trust among neighbours, level of trust to specific groups of people, and level of support (Grootaret et al. 2004).

■ Social exclusion

Following Bak (2018), we mean multidimensional non-participation in society, here focused on refugees themselves, for example through insufficient income or social relationships. Bak provides an overview of available instruments. Indicators of social exclusion can also be measured using items of the fifth dimension of the SC-IQ (social cohesion and inclusion), here especially items

5.1, 5.2 and 5.10 to 5.15. The items measure aspects such as the feeling of togetherness, everyday social interaction, or the extent people living in the same neighbourhood differ from each other (Bak 2018). Again, cultural adaptation and validation are required.

4.3 Institutional dimension

Moving back to Goffman's concept of total institutions and Foucault's considerations about micro-structures of control (see chapter 2.2 and 2.3), the institutional dimension captures the structures, regulations, and procedures inside the camp. From both lenses, it is relevant to focus on the structures of and processes in the camp to get insights about the extent to which the camp takes control of the life of its residents. Aspects of privacy and places for retreat inform about whether residents – following the Panopticon idea – are physically being made visible and transparent. Further, it needs to be assessed to which extent the residents themselves have agency or can develop a sense of empowerment, and thus lead, at least in part, a self-determined life. Here, it seems appropriate to extend empowerment beyond the institutional context (as covered e.g. by Goffman) to politics and society more generally.

Centralizing mechanisms, i.e., those mechanisms through which the institution prescribes and centralizes certain aspects of the residents' life, need to be investigated since they can be understood as means of control. Assessing physical living conditions can further demonstrate whether residents are accommodated in a dignified and decent way or whether conditions can be considered as *«mortifying procedures»* in Goffman's sense.

In sum, this dimension demands three kinds of indicators: for the physical living conditions in the camp, for centralizing mechanisms, and indicators for empowerment and action.

Indicators for physical living conditions:

- The SHED-index which is an appropriate instrument to operationalize the societal dimension can also be applied here since it measures the level of deterioration and thus whether the accommodation is in a good or poor physical state. All items of the index would be appropriate here.
- Physical accommodation conditions can further be compared to officially established minimum standards of refugee accommodation to identify discrepancies between expected standards and existing conditions. Since national

law in Germany does not establish minimum standards, a distinct reference standard is lacking. Some federal states have established what they consider as minimum standards for collective accommodation, though only few are of obligatory nature (Wendel 2014). An overview of these standards is provided in Table 1.

Table 1: Minimum standards for collective accommodation, summary based on concepts of individual federal states (for a detailed overview see Wendel, 2014).

Indicator	Minimum standard
Minimum size of living space per person	6 – 7 sqm / person
Maximum number of persons per room	4 – 6 persons / room
Location	<ul style="list-style-type: none"> ■ Public transport and public services must be accessible ■ Location in, or at least connected to, built areas
Closed residential units	<ul style="list-style-type: none"> ■ Sanitary facilities must be separated by gender ■ Separate residential units for families
Common rooms	<ul style="list-style-type: none"> ■ At least one common room; if there are children among the residents, at least one playroom for children ■ If there are no recreational places nearby, the accommodation should provide outdoor facilities

We see these standards merely as a reference point for assessing accommodation facilities, not as what we would consider the minimum standard that is conducive to health. Besides, potentially important environmental aspects such as adequate lighting, heating/cooling and protection from excessive noise would also need to be considered.

Indicators for centralizing mechanisms

For centralizing mechanisms in the German accommodation context, we suggest the following indicators:

- Catering: Whether the accommodation provides catering or whether the residents can prepare their meals on their own
- Equipment: Whether the accommodation is fully equipped or whether the residents can furnish their rooms on their own

- Curfews: Whether the residents are free to enter and exit the accommodation at any times or whether curfews apply
- Control: Whether the accommodation is equipped with video surveillance in public spaces and exit / entry is controlled, or whether no such control mechanisms are in place, and how control measures are actually implemented.

Indicators for empowerment and action

The SC-IQ provides a dimension measuring empowerment and political action (Grootaert et al. 2004). If adapting these items to the level of accommodation, some of these items (6.2 – 6.4) offer a useful mean to measure the extent to which residents can participate in everyday decisions and can retain their agency in the accommodation. For example, adapted items of the empowerment and political action dimension of the SC-IQ would measure the extent to which residents feel to have control over decisions that affect their daily life, or how much impact residents think they have in making the accommodation a better place to live.

We suggest to also assess institutional structures and practices that support or reduce empowerment and agency, using the following indicators:

- Self-organization: Are residents supported or discouraged in this regard?
- Participation: Are residents contributing to decision-making, or is there only a pretence of resident involvement?
- Which co- or self-organized activities take place, and which resident groups participate?

4.4 Individual dimension

Each of the three dimensions considered so far can (but do not have to) affect the individual: from a biopolitical point of view, life can be controlled and regulated by the state, impacting one's agency and legal opportunities. From a societal perspective, residents can be physically and socially excluded, impacting one's participation in social life. And on an institutional level, residents can lack self-determination and empowerment by living a controlled, *institutionalized* life. This fourth dimension should evaluate all these cumulated consequences. The importance of the individual dimension lies in the nature of subjectivity which was already highlighted in the beginning of this paper (and is partly reflected by some items of the quantitative tools such as SQ-IQ). For some, cumulated unfavourable conditions (as measured by the indicators outlined so far) matter

more than for others. Every individual has a different personal history, has faced different challenges, and has different resources. Moreover, refugees of one subgroup (e.g., country of origin) may compare their situation to that of peers from another subgroup and perceive their own situation as negative or disadvantaged in comparison. An example are refugees from Syria who perceive (or observe) that refugees from Ukraine receive more favourable treatment.

Given this heterogeneity in background, and the many potential standards against which individuals decide to make a comparison, instruments measuring improvement of living conditions (e.g. compared to last residence in country of origin) may not produce reliable results. More promising is a mixed-methods approach. It would comprise indicators for general satisfaction with living conditions, for example in a format adapted from SC-IQ 6.1 (see section 3.3). The quantitative approach would be complemented with qualitative instruments such as focus groups as a more appropriate way to learn about the refugees' perception and subjective evaluation of their accommodation.

4.5 Outcome variable: health

Numerous instruments are available to measure the outcome or dependent variable 'health' at individual or population level. We can only give an overview here, providing sources for information on instruments rather than details of specific instruments. In general terms, health outcomes can be quantitatively assessed based on

- structured self-reports by individuals or assessments by medically trained researchers
- routine health service data.

To examine how determinants of refugee accommodation are associated with health, the instruments should allow for comparisons between groups, so that health outcomes, for example, among residents in different accommodation types can be compared. Also, they should be able to measure changes before and after interventions, or otherwise changes over time. Given the long latency periods of many unfavourable physical health outcomes such as cardiovascular diseases, appropriate instruments will usually focus on measures of general health, on summary health measures, or on measures of psychological/mental health.

Table 2: Overview of the operationalization of each dimension of the analytical framework in a German context (collective accommodation).

Legal-administrative dimension	Societal dimension	Institutional dimension
<p><i>Indicators for restricted freedom of movement:</i></p> <ul style="list-style-type: none"> ■ Residence obligation* (accommodation level and district / municipality level) ■ Intended length of stay* <p><i>Indicators for limited integration opportunities</i></p> <ul style="list-style-type: none"> ■ Location of asylum claim processing * ■ Location of child education* ■ Housing benefits by government* 	<p><i>Indicators for physical environment:</i></p> <ul style="list-style-type: none"> ■ Outer appearance of the camp (using SHED Index¹ items referring to outdoor environment) ■ Neighbourhood characteristics: deterioration (GSV-based Neighbourhood Disorder Observational Scale²), level of remoteness, security, quality of neighbourhoods (NEWS-G³: A, B, C, F, H) <p><i>Indicators for social environment</i></p> <ul style="list-style-type: none"> ■ Trust and solidarity (SC-IQ⁴ 2.2, 2.3 and 2.5) ■ Social exclusion (SC-IQ⁴ 5.1, 5.2; 5.10-5.15) 	<p><i>Indicators for physical living conditions</i></p> <ul style="list-style-type: none"> ■ SHED Index¹ ■ Comparison of physical living conditions with reference standards (e.g. minimum standards established by federal states) <p><i>Indicators for centralizing mechanisms:</i></p> <ul style="list-style-type: none"> ■ Catering vs. self-supply* ■ Furnished vs. unfurnished rooms* ■ Curfews, exit- / entry controls, video surveillance* <p><i>Indicators for empowerment and action</i></p> <ul style="list-style-type: none"> ■ SC-IQ⁴ (6.2-6.6: adapted to level of accommodation)
Legal-administrative dimension	Societal dimension	Institutional dimension
Political and legal opportunities	Physical and social inclusion	Institutional empowerment and action
↓	↓	↓
Individual dimension		
General satisfaction with living conditions (format adapted from SC-IQ ⁴ 6.1)		
Qualitative research**		
↓	↓	↓
Health		
Measures of general health, for example, SF-36**		
Measures of mental health**		

¹ Mohsenpour et al. (2021)

² Marco et al. (2017)

³ Adams et al. (2009), Böddeker et al. (2012)

⁴ Grootaert et al. (2004)

* Items suggested by the authors without reference to existing, validated instruments

** See explanation in the text.

Measures of general health: A widely used instrument is the Short-Form Health Survey (SF-36, or its short version SF-12). The SF-36 allows measuring various aspects of health-related quality of life. It covers eight health concepts, including *general mental health (psychological distress and well-being)* and *limitations in usual role activities because of emotional problems* (Kaplan/Hays 2022). Summary measures often include additional access measures and are used for comparisons between population groups as measures of health inequality (Schlotheuber/Hosseinpour 2022).

Measures of mental health: The Institute of Psychiatry, Psychology and Neuroscience at King's College, London, provides a detailed Catalogue of Mental Health Measures, including items covered and statistical properties (King's College London 2022). Breedvelt et al. (2020) have reviewed commonly used instruments covering depression, anxiety, and general mental health with a particular focus on their ability to measure symptom *change*. Moreover, they provide information on cultural sensitivity of the instruments.

Routine health service data comprise numerical measures, for example of utilization of services, or of medical diagnoses in clinical or health insurance data. For refugee populations, these data tend to be heavily confounded by access and entitlement restrictions, which limits their usefulness (Wenner et al. 2020).

In summary, when assessing health outcomes, using standard instruments has clear advantages over developing own instruments, even if the latter might be better adapted to a specific purpose. Standard instruments tend to have higher validity and reliability; offer better comparability between studies; and are more likely to be available in versions validated in different population groups. A prerequisite is that they allow for comparisons between groups, and between time periods.

4.6 A framework combining relevant dimensions and contextual factors

So far, we have outlined the different dimensions and underlying contextual factors that are relevant for the analysis of refugee camps derived from different theoretical perspectives. For the final framework to be developed, we expand our focus from the specific camp context to refugee accommodation in general.

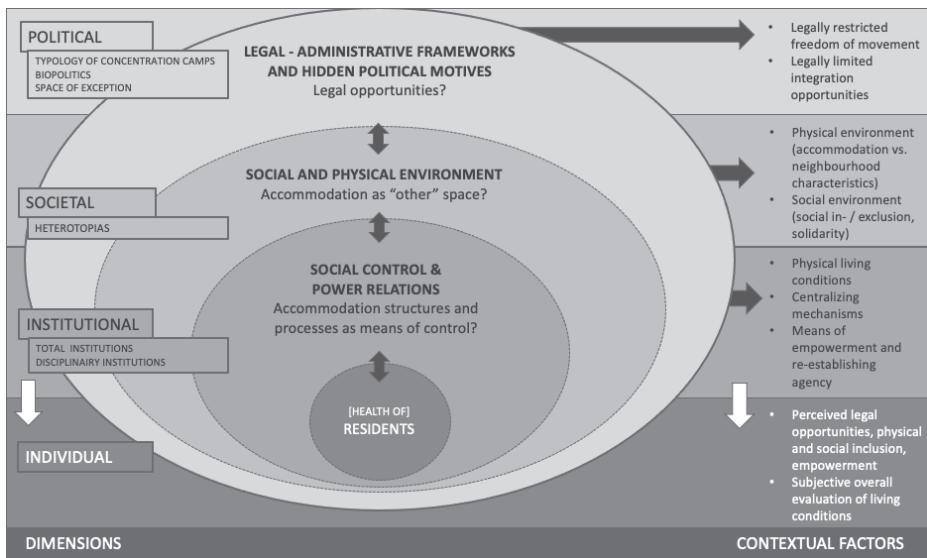
One might argue that our set of dimensions should first be validated in a refugee camp context. While this may be desirable, we do not see it as a prerequisite for two reasons: first, we find no clear delimitation between camp-type and non-camp refugee accommodation; rather, following the arguments of Arendt and

Goffman, any refugee accommodation can express elements of camp. Second, our starting assumption was that camps, even in their extreme form, help to grasp the broad variety that accommodation-related health determinants can take (see section 1.3).

We posit that the dimensions drawn from the camp context can even be applied to types of refugee accommodation that are presumably best for their residents' health such as private accommodation: On the legal dimension, it may be relevant to know, for example, whether refugees and asylum seekers in private accommodation can make use of housing benefits in the same degree as the national population or whether they are excluded from those benefits. On the societal dimension, we can ask in the same way as in the camp context whether refugees and asylum seekers in private accommodation are physically and socially integrated in, or excluded from, the community. The institutional level may seem less applicable at first glance, but it is just the absence of these *<institutional characteristics>* in private accommodation that in fact shows that there may be greater degrees of self-determination and empowerment, that there are less mortifying or centralizing procedures. Leaving aside potential benefits of collective accommodation residents may perceive (e.g. feeling of community, solidarity), one might expect rather positive outcomes for private accommodation on this dimension compared to the (presumably) more controlled camp context. And on the individual dimension, it is as relevant as in the camp context to assess whether residents are satisfied with their overall living situation.

Figure 1 presents the final analytical framework and illustrates how the different dimensions in the refugee accommodation context can be arranged. They form different layers arranged from proximal to distal of the individual with the individual dimension as the inner core of the model representing a subjective overall evaluation of the cumulative consequences of the superior dimensions. The second closest layer represents the institutional dimension. Since this dimension mirrors structures and processes inside the accommodation, thus aspects of the direct living environment of the individual, the link to the individual is still quite narrow. The subsequent layer is formed by the societal dimension. This layer puts the accommodation into its context. It thus presents the wider living environment of the individual. The outermost layer reflects the political dimension. This dimension is arranged most distal from the individual, hence illustrating the broad, general context that rather affects the individual in its living environment indirectly through legal-administrative frameworks that in a wider sense reflect the political motives behind laws and regulations in the context of refugee accommodation.

Figure 1: Analytical framework of refugee accommodation



Source: own creation

The way the dimensions are presented in the framework is based on the *rainbow model* of social determinants of health by Dahlgren and Whitehead (1991). In this model, the determinants are arranged in concentric (semi-)circles around the individual (and their health, without explicitly mentioning it), according to the level at which they operate, i.e., from individual to contextual (or from proximal to distal). In Dahlgren and Whitehead's model, housing forms a subcomponent of the second outer layer, the living and working conditions. However, as illustrated in the introductory chapter of this paper, housing comprises various forms of underlying factors which their model is not capable of defining. In the framework proposed here, we have disaggregated the subcomponent of housing, thereby overcoming the lacuna in Dahlgren and Whitehead's model. Our framework provides a new tool for a systematic, multidimensional analysis of the accommodation context of refugee populations.

The framework draws upon theoretical concepts of camps and social institutions that did not focus on health. Based on empirical findings as well as conceptual considerations, we have outlined the dimensions and contextual factors that are relevant for health. It is already known that a range of contextual factors are associated with health, including physical aspects of housing and physical

and social aspects of the neighbourhood. Further, empirical research (Baker et al. 2017) as well as conceptual approaches in the frame of the social determinants of health (Dahlgren/Whitehead 1991; Solar/Irwin 2010) suggest assessing housing from a multidimensional perspective. Our framework has adopted this multidimensional approach for the analysis of refugee camps and refugee accommodation in general and included a set of contextual factors that have been found to be associated with health in empirical research, such as: the physical conditions and the quality of the dwelling (Braubach et al. 2011; Baker et al. 2017; Holding et al. 2019) or of refugee camps (Ziersch et al. 2019), and the quality of the physical and social neighbourhood environment (Baker 2017; Evans 2003; Holding et al. 2019; O'Brien et al. 2019).

Of the dimensions in our framework, the political context may appear as the most distal from the individual, but that does not mean that it is of lesser importance. Conversely, as Solar and Irwin (2010) indicate in their CSDH framework, the political context determines material circumstances, such as the living conditions, which in turn may generate health inequalities. This is of special relevance for refugee populations because of differences in legal entitlements compared to non-refugee populations, a direct product of political processes. Political or legal aspects of housing have rarely been considered so far in empirical research assessing the relationship between housing and health. In the context of refugee camps, they seem especially relevant, considering refugee camps as biopolitical *«spaces of exception»*. Political or legal restrictions may attribute to the segregation or disintegration of refugees and asylum seekers, to uncertainties, to a lack of personal control or to disrupted identities. The political dimension can directly affect health via entitlement restrictions in health care provision; and indirectly via restricted housing opportunities and resulting negative psychosocial processes. The same applies to suppressive mechanisms inside the accommodation. In institutional settings, residents may need to submit to certain rules and regulations or daily schedules. Again, residents may perceive little personal control over their own lives and lack a sense of identity. That these psychosocial processes play a role in the housing-health relationship has already been ascertained (Evans 2003; Evans et al. 2003).

Further, the WHO definition of healthy housing (WHO 2018) comprises not only physical aspects of housing but also factors that create a *«feeling of home»*. For some, certain living conditions may be perceived as more positive than for others based on the housing conditions they have faced in the past. It is always a question of individual resources, habits, and histories. This needs to be considered

to assess health impacts, as well. We thus saw the need to include subjective components to the framework, hence the individual dimension.

It further must be noted that the different dimensions in the analytical framework can interact with each other (hence the arrows in Figure 1). For example, policies that foresee a compulsory stay in certain types of accommodation may reduce opportunities for social interaction with the local community, the same applies when centralizing mechanisms making the accommodation to *«a world on its own»*. Further, as Boochani (2018) illustrates, camp residents can inhabit their prescribed living space, still creating moments of joy and maintaining agency (Namer et al. 2022). The influence residents themselves have on their living situation therefore also needs to be considered. A dimension should thus not be assessed in isolation but always in relation with the other dimensions.

5. Conclusion and moving forward

With our analytical framework we provide a new tool to unravel the complexity of the housing context for refugee and asylum seeker populations in Germany. Our framework builds on different theoretical approaches about camps and social institutions from the fields of sociology, philosophy, and political theory. These approaches helped us to identify key dimensions and contextual factors that should be considered for an analysis of refugee accommodation from a health perspective.

Based on the theoretical concepts, we found that the accommodation context for refugees and asylum seekers can be described on four dimensions: a broad dimension that reflects political aspects determining the accommodation context (mainly relating to policy frameworks and consequently on legal-administrative regulations that are in place); a societal dimension that reflects how the accommodation relates to the surroundings physically and socially; an institutional dimension illustrating processes and structures inside the accommodation (and thus indicating means of control and *«mortifying procedures»*); and an individual dimension that evaluates how residents perceive their living situation and thus indirectly reflects how the residents are affected by the conditions of the superordinate dimensions.

Since the framework provides measurable indicators for each dimension (with qualitative data complementing the individual dimension), we have presented a systematic approach to assess the context of refugee accommodation. We have also presented ways to operationalise the outcome or dependent variable *«health»*,

thus providing both a framework and a toolset to analyse housing-health associations. From a statistics point of view, the framework can be translated into a multilevel model. Simply speaking, a multilevel model assesses which part of the variation of the outcome measure (in our example health) is explained at each level, which in turn corresponds to each dimension of our framework (Voigtländer et al. 2013). Existing models based on the social determinants of health such as Dahlgren and Whitehead's rainbow model (1991) or the CSDH framework (Solar/Irwin 2010) support the structure of our analytical framework, but they lack aspects relevant specifically to refugees. The theories and typologies which we reviewed, in turn, lack operationalization, or represent the view from only one scientific field.

In ongoing work, we draw on this analytical framework and analyse how the housing context of refugees and asylum seekers differs across Germany, and how the different accommodation types identified are associated with mental and physical health. In an iterative process, we will further develop the analytical framework, which so far is cross-sectional in that it focuses on identifying relevant determinants of health. In a next step, we will postulate mechanisms underlying the presumed associations between housing determinants and health, leading to a revised framework.

In terms of generalizability, the dimensions of the framework developed here can be applied to camp settings in other countries. The way the dimensions are operationalized, however, needs to be adapted to the respective local social, legal, and political context. In this paper, we focused on Germany, where refugees experience specific restrictions to their rights and entitlements, regarding for example where to live, or which health services to access.

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