Research Article

Queer Necropolitics: Experiences of LGBTQI+ Asylum Claimants During Covid-19 in the UK

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Abstract

This article discusses how the Covid-19 pandemic has the potential to exacerbate inequalities and social isolation through the analytical lens of Mbembe's necropolitics. To this end, the article examines the UK Government approach to providing LGBTQI+ asylum claimants' access to safe accommodation and health service. The analysis shows that the Home Office's policies around housing and health during the Covid- 19 pandemic is closely linked to 'hostile environment' policies - amplifying housing and food precarity, isolation, exposure to violence, economic insecurity as well as physical and mental health problems for LGBTQI+ asylum claimants. The claim is made that there is a lack of intersectionality in the governmental approach to refugees and Covid-19 which creates a support gap for particularly LGBTQI+ asylum claimants. The data used for the writing of this article is based on 14 semi-structured interviews conducted between August 2020 and April 2021 with social/charity workers, asylum claimants and refugees affiliated with NGO help organisations in Glasgow, Birmingham, Cardiff, Brighton, Belfast, and London.

Keywords

> Every week is covid for asylum seekers where they have to worry about food, housing and safety.
>
> Support services manager, NGO, London

INTRODUCTION: QUEER ASYLUM AND COVID-19

"There are six strange men asleep in the small, cold room with him. Each on blue plastic mats on the floor. One mutters to himself. Another snores like an irregular chainsaw. A third has night terrors that wake everyone up. Even without the sounds, Mosi cannot sleep. Sometimes there's so little fresh air in the cramped space that he feels like he can't breathe. And if he does breathe, will it bring Covid into his lungs? Then there's the fact that he can't be sure that the men who work there won't pull him out at any moment and torture him. It's happened to him before. Although that was in his own country. And this is the UK." [2]

The above excerpt is the striking introduction to a blog published by Bristol Refugee Rights – an NGO that works toward upholding and championing the human rights of asylum claimants and refugees – in January 2021 which describes the experience of Mosi, a gay asylum claimant, at the Penally refugee camp in Tenby, West Wales. The Penally refugee camp houses only men and, like Mosi, many of them experience the resurfacing of trauma that is re-triggered from experiences of imprisonment, torture, and war. At Penally, there is no social, psychological, health or legal support available and there is a lack of entertainment or stimulation. The Penally refugee camp was repeatedly in the news due to its poor food quality[3] and unsuitable living conditions[4]. In a written statement, Jane Hutt, Deputy Minister and Deputy Whip of the Welsh Cabinet to the Welsh Government, raised concerns about the unsuitability of the camp as an accommodation for asylum seekers and laments the lack of solid Covid-19 measures that allows for social distancing, proper hygiene and access to health services.[5] While this type of accommodation is terrible for all asylum claimants who are held in indefinite detention by the Home Office, as a gay man, Mosi has additional fears of being outed and marginalised, and potentially physically harmed by fellow inmates and staff members, at the camp on the count of his sexual orientation. Then there are fears about contracting Covid-19. Indeed, UK Government statistics reveal that people from Black and ethnic groups (BAME[6]) who live in precarious accommodation arrangements who are more likely to be diagnosed with Covid-19.[7]

Using the analytical lens of necropolitics, this article discusses how the Covid-19 pandemic has the potential to exacerbate inequalities and social isolation for lesbian, gay, bi- and trans-sexual, queer and intersex (LGBTQI+) asylum claimants who are currently living in hotels, former military camps, and privately managed accommodations. While there has been some progress in recent years to ensure that the legal decision-making process in the UK is sensitive to the needs of claimants, outside the decision-making process, social policies, and practices on what is often termed 'integration' are less targeted and differ across and within the nations of the UK (Dustin 2018). For example, the Home Office Guide to Living in Asylum Accommodation (2019) fails to mention sexual orientation or gender identity, despite LGBTQI+ persons having been singled out as a particularly vulnerable group by the Independent Chief Inspector of Borders and Immigration in 2018 (Bolt 2018). In the UK, and within the EU, LGBTQI+ asylum claimants kept in cramped low-quality accommodations and detention facilities, tend to live in constant fear of emotional abuse and sexual violence due

to trans/homophobia on the part of staff and other asylum claimants. This creates feelings of isolation and depression and risks re-traumatisation through being forced to remain in the closet, breaking the legal protections offered by the Equality Act 2010) (Tschalaer 2020b; Pullen and Tschalaer 2021). Indeed, as I will show below, there is a wide-spread fear of reporting anti-LGBT hate crime, violence, and harassment, which can lead to LGBTQI+ asylum claimants leaving Home Office assigned accommodation and becoming homeless. And even if reported, victims of physical, sexual, and emotional abuse in accommodation are often not relocated, further contributing to their homelessness. The Covid-19 pandemic further heightens the precarity of queer bodies on the move in terms of access to safe housing, health support, and extreme isolation and mental health challenges. In this sense, the omission of including the experiences and needs of non- heteronormative people in asylum and immigration policies and legislations in general and during Covid- 19 pandemic in particular reveals the UK's failure to adequately respond to the protection needs of the most marginalised, laying bare the way 'protection-worthiness' is approached against the background of Covid-19.

The questions that animate the writing of this article are; To what extent are theHome Office's policies around housing and health during the Covid-19 pandemic closely linked to 'hostile environment' policies? How does the lack of intersectionality in policy in the UK's Covid-19 measures and legislations render LGBTQI+ persons seeking asylum vulnerable to homelessness, mental health problems, and gender-based and sexual violence? And more boldly, I ask how the management of the Covid-19 pandemic by the UK Government reveals systemic forms of racism and xenophobia that contribute to the disregard of the lack of protection measures – that could potentially be fatal– for LGBTQI+ asylum claimants in the sense of Mbembe's 'necropolitics' or "necropower'.

COVID-19 AND QUEER NECROPOLITICS

This article comes at a time where the co-presence of life and threat of death manifests the cleavages between citizens and non-citizens, heteronormative and non-heteronormative subjects, and ultimately the spatial, moral, and political placement of humanised and de-humanised bodies in terms of necropolitics. Mbembe (2003, 2019) theorises necropolitics – or necropower – as the way the sovereign state "establishes a biological caesura between the ones and the others" (2003: 17) within a biopolitical frame. This is by means of wars but also by the various ways in which "weapons are deployed in the interest of maximally destroying persons and creating *death-worlds*" (2019: 92). In this sense, Mbembe's necropolitics seeks to capture the power dynamics that underlie political decision making and strategies on questions concerning who gets to live and who must die – or who must live and who is let die within these death worlds. Mbembe further envisages these *death-worlds* as unique forms of social existence "in which vast populations are subjected to living conditions that confer upon them the status of the *living dead"* (2019: 92)*.* Such conceptualisations that seek to capture the governmentality of life and death is of great relevance to a discussion on social disparities in the context of Covid-19.

Newly emerging research on the global response to Covid-19 draws on Mbembe's concept of 'necropolitics' and 'necropower' to draw attention to the geopolitics of the fatal implications the pandemic engendered since March 2020 (Otieno Sumba 2021; Sandset 2021, Lee 2020). For Christopher Lee, Covid-19 is not solely a medical or epidemiological crisis, but a crisis of

governance (Lee 2020). The rapid way sovereign states closed borders, enacted measures of social distancing, closed businesses, and managed communities etc. is a massive testament to the power of sovereignty. Clear distinctions were and still are made between citizens and non-citizens in terms of cross-border mobility and access to medical care. As Lee explains, the question of who gets to live and who gets to die is dependent on the goodwill of governments, medical staff, and support services within a system driven by global capitalism.

In the same breath, the question of which populations globally should live becomes palatable with the rapid distribution of vaccines in the Global North and the slow vaccination process in countries of the Global South – particularly on the African continent and parts of the Caribbean. For instance, as of February 2022, 73% of people residing in the UK and 65% of residents in the United States are fully vaccinated. This is as compared with 0.1% in Burundi, 3% in Tanzania, and 0.7% in Haiti.[8] Lee states that Mbembe's framework of necropolitics is thus useful for thinking through the political dimension of the global response to Covid-19 and the capacity of states to "dictate over life and death in a de facto way" against the background of Western neoliberalism and imperialism.

Aggie Hirst and Chris Rossdale (2021) in a short intervention describe how the 'pathological politics of Covid-19' have traced the contours of and further exacerbate global poverty, health inequalities, and racial hierarchies, and deep-rooted structural forms of violence. Tony Sandset (2021: 1412) in his study of race, class, and slow death during Covid-19 in the UK, links the deepening of structural forms of racialised violence in the context of Covid-19 to the disproportional distribution of vulnerabilities towards the risk of infection, death, and economic impoverishment globally. Sandset connects the dots between slow violence, Covid-19, and death and argues that this constellation is a result of state of acceptance in the sense of compliancy. For Sandset, like necropolitics, slow violence tends to be 'chronic' and subtle on the surface and most likely comes to the fore in abrupt and dramatic political crisis such as Covid-19. The acceptance of suffering and pain that is often rendered out of sight for those who profit from and are directly implicit in reproducing systems of slow violence – consciously or not – contributes to the creation of Mbembe's *death-worlds.* From there*,* access to legal protection and medical care risks being limited. It is exactly the acceptance and compliancy of such form of necropolitics which, according to Sandset (2021: 1416), underpin tacitly racialised laws and policies addressing the current Covid-19 pandemic, and that particularly impact racialised minorities of lower socio-economic backgrounds and/or who live in legal precarity.

This very recent work on necropolitics and Covid-19, however, does not take into consideration how gender identity and sexuality contribute to such forms of slow violence in the sense of necropolitics. As queer scholars such as Haritaworn, Kuntsman, Posocco, or Aizura in their work on queer necropolitics point out, the most vulnerable non-heteronormative are non-gender-conform bodies that includes LGBTQI+ people who live in legal precarity, are often subject to institutional abandonment and tend to be racialised as other to the nation or whiteness (Haritaworn et. al. 2014; Aizura 2014). Such forms of racial othering of trans and non-conform bodies has been theorised by Morgan Bassichis and Dean Spade (2014, 194) in the context of queer liberalisms in the US (and elsewhere in the Global North) – where the state expands the rights and protection frameworks in favor of (white) LGBTQI+ people – are grounded in systemic structures of anti-blackness and (settler) colonialism. Jasbir Puar (2018) in her reading of Mbembe's necropolitics locates such structural forms of violence against non-heteronormative and gender non-conform bodies within space and time. In so doing, Puar argues that queer non-heteronormative bodies occupy

a highly ambivalent place where the queer body is in a state of constant dying and becoming through self-annihilation. This article makes these connections between queer necropolitics, Covid-19, and queer asylum against the background of the UK's hostile environment policies.

COVID-19 AND QUEER ASYLUM

Research on Covid-19 and migration in the UK and elsewhere reveals that persons on the move are particularly impacted by the pandemic and are more likely to suffer from the disease and develop mental health problems including suicidal thoughts.[9] In most host countries in the Global North, asylum claimants face administrative, financial, legal, and language barriers to access the health system as well as a lack of knowledge/recognition of their eligibility for access to medical services, or sometimes the part of GPs themselves (Jozaghi and Dahya 2020; Kluge et. al. 2020; Orcutt et. al. 2020; Salman et. al 2020; Mukumbang et. al. 2020; Mukumbang 2020; Bhopal 2020). In the UK, a Covid-19 inquiry by the All-Party Parliamentary Group on Social Integration found people claiming asylum as one of the groups at highest risk of heath complications and social isolation.[10] However, these studies do not disaggregate the experiences of LGBTIQ+ claimants with Covid-19. So far, discussions on how the pandemic affects LGBTQI+ asylum claimants in queer migration scholarship are few (Reid and Ritholtz 2020). Instead, queer migration scholarship predominantly focuses on the legal marginalisation of queer legal subjects within heteronormative asylum regimes (i.e. Giametta 2017; Luibhéid 2008; Rehaag 2008; Ritholtz and Buxton 2021; Shakhsari 2014; Tschalaer 2021, 2020a) with only a few studies highlighting the social dimension of their marginalisation (Wimark 2019, 2020; Held 2021).

Studies that focus on queer experiences with Covid-19 do exist. For instance, Austin and Anderson (2020) in the context of the US discuss how the closure of LGBTQI+ leisure spaces such as bars and clubs as well as the cancellation of PRIDE for many means the loss of community and intrapersonal bonds (2020: 4). Against this background, Anderson and Austin draw our attention to the queer experiences of isolation during the Covid-19 pandemic where LGBTQI+ persons often find themselves cut off their community. Despite the increase of online services, studies show that during the pandemic, LGBTQI+ persons are facing an increase in domestic violence, housing precarity and poverty and they often lack equitable access to digital technology and adequate access to health care and psychological support. The latter is especially relevant for trans persons and people living with HIV (Salerno et. al. 2020; Puras et. al. 2020; Ahmed et. al. 2020). While the UK Government has recognised that the call to "stay home and save lives" potentially endangers some vulnerable groups, particularly victims of domestic violence, and the UN High Commissioner for Human Rights, Michelle Bachelet, has called on all countries to take targeted actions to protect LGBT people amid the pandemic - the heightened marginalisation of LGBTQI+ asylum seekers during the pandemic has been overlooked. LGBTQI+ persons on the move experience Covid-19 and its ensuing government responses both as asylum claimants/refugees *and* queer persons.

In what follows, I will draw on the experiences of LGBTQI+ asylum claimants with the UK's Covid-19 lockdown measures to firstly discuss the way extant 'hostile environment' policies in the UK create inequalities regarding housing and health along lines of race, gender, sexuality, and immigration status. From there, I take a closer look at the individual experiences of LGBTQI+ asylum claimants and refugees to show how the supposedly neutral Covid-19 regulations in the UK do not 'protect' everyone equally but risks exacerbating already

existing inequalities along lines of race, citizenship, gender, sexuality, and class. But allow me a few words about the research methodology first.

METHODOLOGY: LISTENING AND AUTOBIOGRAPHICAL STORYTELLING

The data discussed in this article has been gathered as part of the British Academy-funded research project entitled: 'Understanding LGBTQ (lesbian, gay, bisexual transgender and queer) Refugees' and Asylum Seekers' Support Needs through Listening to Autobiographical Storytelling' which took place between April 2020 and July 2021.[11] The goal of using the methodology of listening and autobiographical storytelling is to 'invite' research participants to share 'their' story and experiences as they are bound up in emotions and feelings as well as in the messiness of everyday life (Finnegan 1997; Pullen 2012). Such methodological approach is based on the premise that narratives and emotions are messy, and that the communication of experiences is often tangled up in mechanisms of personal safeguarding and mental health protection (Habermas 2018). The research team - whose members identify as cis-gendered, and who are racialised as white and hold citizenship status in the UK - recognises that this research requires a great deal of reflexivity to avoid racial and cultural stereotyping as well as to minimise risks for re-traumatisation – particularly for LGBTQI+ asylum claimants and refugees. This methodological approach is thus grounded in the understanding that the researchers are not immune to reproducing the same fallacies around vulnerability, mental health, stability, and isolation. Consequently, the research team is particularly sensitive to recognise the way Covid-19 policies and politics further isolate LGBTQI+ asylum claimants while privileging the health protection of UK citizens in the sense of queer necropolitics as theorised above, potentially affecting the power dynamics between researchers and research participants. This project's research methodology builds on previous work on representation, sexuality, migration, and asylum by the project's principal investigator, Christopher Pullen, and I (Pullen 2018, 2016, 2020; Tschalaer 2021, 2020a)

In the context of the research project, 14 semi-structured interviews have been conducted with social/charity workers, asylum claimants, and refugees affiliated with NGO help organisations in Glasgow, Birmingham, Cardiff, Brighton, Belfast, and London. The interviews with NGO representatives offered an opportunity for the interviewees to express concerns but also good practices in their support work with LGBTQ+ asylum claimants. The interviews conducted with LGBTQI+ asylum claimants were intended to create room for expressing concerns and needs around accommodation, access to social and legal support based on the everyday life experiences. All interviews have been carried out via Zoom and the interview transcripts have been anonymised for the purpose of analysis unless the interviewee stated otherwise in the participant agreement form.[12] The data used for the writing of this article further derives from discourse analysis of legislations, policies, and media reporting on Covid-19, immigration, and asylum in the UK.

The Covid-19 pandemic has created several challenges for the implementation of the project which was conceived before the pandemic. Firstly, many LGBTQI+ asylum claimants and refugees have suffered from restricted opportunities for communication due to the lack of access to WIFI technology or financial resources to buy phone credit. Secondly, lock-down restrictions have compounded isolation and mental health issues and have deprived all concerned of actual face-to-face encounters that help produce strong trust and social ties. In face of these challenges, this article highlights the various experiences with Covid- 19

regulations from a perspective of LGBTQI+ asylum claimants, refugee and/or service providers with the aim to contribute to critical policy making around asylum and immigration in the UK through autobiographical storytelling. The researchers further collaborated with local community-based charities, NGOs, and refugee agencies which directly work with LGBTQI+ asylum claimants and refugees. These organisations have increasingly recorded asylum seeker and refugee experiences, both for the purposes of service development and to underpin lobbying and advocacy on behalf of their clients. But these small organisations tend to be overlooked by the charity sector and are not easily accessible to policymakers. Based on the conversations had with these organisations at several meetings and a workshop between

January and July 2021, Christopher Pullen and I devised a response to the Women and Equality Committee call for evidence into Equality and the UK asylum process (Pullen and Tschalaer 2021). Our evidence, published on the UK Parliament Committees website in November 2021, contributes to our attempt to include the experiences voiced by these smaller organisations in advocacy and policy regarding the relationship between asylum, hostile environment, sexuality/gender identity and Covid-19. In what follows, I will elaborate on how hostile environment policies shape LGBTQI+ asylum claimants and refugees' experiences with Covid-19 particularly in terms of housing, mental and physical health, and governmental techniques of isolation.

HOSTILE ENVIRONMENT: HOME OFFICE POLICY ON HOUSING AND COVID-19

The LGBTQI+ asylum claimants that participated in this research expressed their anxiety about homelessness, destitution, lack of access to health services, and unsafe housing. These concerns are by no means unique to LGBTQI+ persons but apply to most asylum claimants in the UK and are a direct result of a set of 'rather diffuse' hostile environment policies enacted by the UK Government in 2012. When Theresa May introduced the hostile environment policy to the Home Office stating that "[T]he aim is to create, here in Britain, a really hostile environment for illegal immigrants", she reaffirmed long-standing racialised policies geared towards deepening the distinction between those who "who must live or who is let die" as in the words of Mbembe (2019: 92). In essence, Therese May's political course was intended to prevent especially immigrants and ethnic minorities do not take advantage of the country's resources regarding health, housing, and education (Osifo 2020; Griffiths and Yeo 2021). The result of such necropolitical policies as rooted in "forms of racial othering" (Bassichis and Spade 2014: 194) is that persons with precarious immigration status are more prone to health complications, homelessness, destitution, and violence. This situation is further aggravated by the turn of the UK's asylum policy post-Brexit, which foresees the automatic rejection of those people who are reaching the UK other than through the UNHCR resettlement program and includes proposals such as housing people in reception and detention centres overseas while their asylum claim is processed.[13] As a mental health advocate at a LGBTQI+ support organisation says; "While the hostile environment affects everyone and needs to be turned around into a culture of believing, it affects LGBTQI+ persons in a very specific way".

A gay man from Bangladesh, who has fled the country due to threats by members of the Islamic party and who applied for asylum in the UK based on his sexuality, describes his experience with the 'hostile environment' as follows:[14]

> "When I came to the UK, I was saved from the Islamic party. But then I faced different problems. I didn't know anyone in the UK and did not have an accommodation or money for food. I stayed outside and slept in the park – no food, no electricity, no gas, no heating, you know…For a long long time I was homeless…"

The lack of safe housing for LGBTQI+ asylum claimants has been a recurrent topic in all interviews with asylum claimants and support practitioners alike. A gay minister at a Methodist church and volunteer at the LGBTQI+ support help group Birmingham, expresses his deep concern about many of his 'clients' who "do not have guaranteed accommodation between claiming asylum and their screening interview in Croydon. And even after the screening interview people are not necessarily provided with accommodation. So, a lot of LGBTQI+ asylum seekers sleep rough and/or become sex workers until someone picks them up", he says.[15] Similarly, a support service manager at a London-based NGO laments that quite a few of the LGBTQI+ asylum claimants he works with are homeless and do not have enough food. Others are housed in camps run by local councils – such as the above-mentioned Penally military camp in Wales – or privatised accommodations which include run-down houses and hotels.[16] The Home Office uses a dispersal system to distribute asylum seekers across England, Scotland, and Northern Ireland and so the type and quality of accommodation varies greatly.

Furthermore, a gay refugee from sub-Saharan Africa and elected representative of a Glasgow-based LGBTQI+ support group, remembers a gay friend telling him how LGBTQI+ asylum claimants find themselves in cramped rooms with strangers and where they are afraid of being outed while, at the same time, being cut off LGBTQI+ support, health and legal services.[17] Such accounts reflect the views of the UK Refugee Council[18], the Migration Observatory at the University of Oxford[19], and the House of Commons Home Affairs Select Committee[20], which all establish that the often overcrowded and unsanitary accommodations provided by private contractors, in mostly rural areas with very little privacy access to community, legal and financial support systems, contribute to extreme forms of isolation. On 24 February 2021, the Home Office Committee questioned Priti Patel and Matthew Rycroft regarding the suitability of barracks for housing people seeking asylum particularly during Covid-19, but the Home Office refused to take end such practices.[21] Such policies that intentionally "move" racialised bodies to precarious spaces where their safety and thus survival is jeopardised, once more illustrates the faceted way in which structural forms of violence rooted in systems of Western imperialism and colonialism surface in the context of asylum and migration. While the lack of accommodation and sanitary standard and access to healthy food in asylum accommodation in the UK has been widely publicised in the media, policy makers and politicians seem to practice what Sandset (2021) has termed "chronic forms of slow violence" that tend to be normalised within mainstream political discourse. Such "chronic forms of slow violence" affects LGBTQI+ asylum claimants and refugees in a particular way during the Covid-19 pandemic.

Indeed, the disparities and pockets of extreme marginalisation created by the UK Government's longstanding policy of accommodation dispersal and detention further risk being exacerbated by the Covid-19 pandemic. On 23 March 2020, the UK entered the first national lockdown due to the rapidly spreading virus. The lockdown rules, imposed by public health legislation with separate regulations made by the UK government for England and by the governments in Scotland, Wales, and Northern Ireland, required everyone to stay at home. People were only allowed to leave the house with a 'reasonable excuse' such as to shop necessities, to provide care, to exercise or to work and meeting with other people from outside the household was prohibited. All restaurants, pubs, and bars were closed. For most LGBTQI+

individuals seeking asylum that were interviewed for this research, these 'stay at home' and 'social distancing' legislations meant to be pushed into extreme isolation while living in tight living and sleeping arrangements in military camps, hotels, or poorly maintained private accommodations provided by G4S where, in some cases, up to 20 people are cramped into four rooms[22]. In addition, all legal and social services as well as community gatherings and events were moved online which are, for many, difficult to access due to the lack of WIFI access, availability of computers and smart phones, and limited phone credit. As many asylum claimants struggle to access support services online, the loss of face-to-face interaction for LGBTQI+ often means the loss of a community/family.[23] In addition, with the closure of bars, clubs, and pubs – often the only space where LGBTQI+ asylum claimants and refugees feels safe and where they feel they 'belong', further heightens feelings of loneliness and isolation.

For instance, a gay man from sub-Saharan Africa who arrived in the UK in April 2019, says that his life came to a sudden halt in March 2020 when lockdown was announced. While he had established contact with a LGBTQI+ help group in London previously and travelled there regularly to create a social support network, he found himself confined to his room with all his social contacts cut. He says that "[T]he lockdown has been one of the most difficult things in my life. I try as much as I can to communicate with people but most LGBTQI+ organisations have their offices closed. I can't reach them… I feel very lonely and it had a huge effect on my mental health. This pandemic has had a very negative impact on my life".[24] For the gay asylum claimant from Bangladesh, the stay-at-home legislations had a severe impact on his mental health in that he lost opportunities to connect with other LGBTQI+ people and to distract him from the traumatic experiences he went through as a gay man in Bangladesh and as a homeless person in England. "When I stay at home without going out my brain is getting busy thinking too much…Before the pandemic I used to go out every week or every two weeks in [city in England] and I visited the office of [NGO] to meet with people and get support. Now, I write emails, but I can't see people face-to-face. This affects my mental health – I can't sleep and I am losing my hair…. I am depressed….suicidal…."[25]

NGOs have voiced concern about the potentially lethal impact of stay-at-home messages for LGBTQI+ asylum seekers who, living in cramped accommodation centres, as they were already increasingly subjected to violence and marginalisation even before the pandemic. They tend to be cut off from the social networks that other members of their diaspora can access, and do not have a safe place where they can find the support they need. As a result of the lockdown and social distancing measures to combat Covid-19, LGBTQI+ persons have additionally become more vulnerable to gender-based and sexual violence. A report published by the London-based LGBTQI+ support group Stonewall in May 2020 states that between April 2019 and May 2020, LGBTQI+ people – and particularly those of colour – were more likely to experience poor mental health, difficulties in accessing healthcare, and to be affected by increases in domestic violence and homelessness, discrimination, and unemployment. The report mentions that more than half of LGBTQI+ persons have experienced depression and that twelve percent of trans people have attempted to take their life. More than four out of five LGBTQI+ youth have self-harmed. These numbers show the negative impact of the pandemic on an already concerning situation that has now increased since the start of the Covid-19 pandemic. Moreover, the lockdown measures and Covid-19 virus risks further restricting access to health support for LGBTQI+ asylum claimants and refugees.[26] Rainbow Migration Director Laila Zadeh points out that Covid-19 legislations combined with 'hostile environment' policies compound poverty and increase mental physical health issues and violence. Zadeh writes that "[T]he UK's official 'Hostile Environment' to immigrants has made people afraid of

accessing essential services. You can't overturn such fears overnight. This is particularly worrying in a pandemic, where lack of healthcare has serious public health implications."

As such, the accounts of LGBTQI+ asylum claimants and refugees above and the concerns voiced by various service providers highlight the way in which Hostile Environment policies in combination with Covid-19 laws contribute to the creation of Mbembe's *death worlds* where the restricted access to health, legal and social support for LGBTQI+ asylum claimants and refugees results in the increased likelihood for them to slide into extreme poverty, homelessness, depression, and isolation. In other words, the 'necropwer' of the hostile environment and Covid-19 once again starkly highlights the capacity of states to "dictate over life and death" against the background of Western neoliberalism and imperialism (Sandset 2021: 1416). There is thus a need to grapple with the racialised and sexualised dimension of the politics around Covid-19 within a global context where the 'necropower' of immigration and refugee politics, laws, and policies is on the rise.

THE LACK OF INTERSECTIONAL POLICY IN UK'S COVID-19 MEASURES AND LEGISLATIONS

The current course of the UK immigration system – geared toward de-humanising people racialised as non-white who reach the shores of the United Kingdom in search for protection from violence, poverty, and war and conflict – also applies to the rather selective way the UK extends protection from Covid-19. While the UK Government and the Home Office might not openly exclude LGBTQI+ people and asylum claimants/refugees in the context of Covid-19 legislations and regulations, poor living conditions combined with the mistrust these groups hold vis-à-vis the healthcare system in the UK – which is not immune to racism, trans- and homophobia – risks to prevent them from seeking treatment when sick and potentially accessing vaccines. Dane (Rainbow Migration) makes a point that LGBTQI+ people who are currently awaiting their asylum decisions do not necessarily have access to the health care system because there is often a lack of information on how to access the health care system and register with a GP, combined with language barriers. In addition, since the 'hostile environment' policies allow the NHS and the Department of Health and Social Care to share data with the Home Office (Griffiths and Yeo 2021: 8) many asylum claimants decide not to see a health practitioner while their cases are ongoing because they fear being deported. Not being registered with a general health practitioner (GP), essentially means, that one is not registered for receiving the Covid-19 vaccination.[27] For LGBTQI+ asylum claimants, the constant fear of either getting sick and/or deported, in combination with the ubiquitous presence of homo- and transphobia as well as racism, contributes to mental health challenges including PTSD, depression, trauma, and addiction (Danisi et.al. 2021).[28] Trans sex workers and LGBTQI+ persons living with HIV were found to be reluctant to access the healthcare system during Covid-19 due to fear of stigmatisation (Agarwal-Jans 2020). So, the intertwined nature of 'hostile environment' policies and Covid-19 legislations show that access to housing, food, employment, healthcare and social networks and support is structured along lines of immigration status, race, gender, sexuality, and ethnicity.

In this sense, the question of who deserves protection from the Covid-19 virus and under what circumstances, as currently approached by the UK Government and the Home Office, reveals the uneasy tribulation of those deemed less worthy of protection. Indeed, the very personal experiences as discussed above exemplify Mbembe's *necropolitics* as so succinctly encapsulated in the following quotation: "Sovereignty resides, to a large degree, in the power

and the capacity to dictate who may live and who must die" (Mbembe 2003: 11). In the context of the UK's 'hostile environment' the core of such community is heteronormative, white, Anglican, and a citizen. Such an imaginary of community tends to exclude persons with precarious immigration status and non-heteronormative and BAME people. To this end, the individual narratives discussed earlier that stress the inert feeling of not being seen as fully human and thus worthless, resonate with Michel Foucault's notion of biopower. In his book *La Volonté du Savoir* (1976), Foucault makes a point that the body has become a site of political struggle where life itself, rather than the right to life, becomes a political subject. The right to life, health, happiness, and the procurement of our very basic needs – while enshrined in law – become subject to control by means of new technologies of sovereign power (1976: 222). Indeed, the way the 'hostile environment' structures the implementation of Covid-19 regulations throughout the UK, constitutes an uncomfortable reminder that the state's responses to the virus are inextricably tied up in technologies of bio power and strategies of necropolitics. In this sense, UK Government and Home Office responses to Covid-19 clearly reveals that although the pandemic affects everyone it does not affect everyone in the same way. Rather, political strategies of queer necropolitcs negatively affect + health and safety of LGBTQI+ people during the Covid-19 pandemic.

CONCLUSION – SOME POLICY SUGGESTIONS

The Covid-19 pandemic reveals the 'necropower' inherent in the UK asylum system – as well as more generally within the Common European Asylum System (Otieno Sumba 2021; Sandset 2021, Lee 2020) – which often fails to protect people in need. While the UK government recognises that the call to "stay home and safe lives" potentially puts at risk of vulnerable groups – particularly victims of domestic violence[29] – and increases isolation, persons seeking asylum find themselves in increasingly cramped accommodations with less access to community and legal services and with increased instances of violence and trauma. As discussed in this paper, a particular vulnerable group within the category of asylum seekers in the UK are lesbian, gay, bi- and transsexual, gender non-binary, and intersex people seeking asylum who often experience loneliness and abuse in reception and accommodation camps due to homo/trans-phobia. The continuing pandemic substantially worsens the social isolation they had already been facing. Indeed, remaining in stasis in inadequate living conditions, especially in shared bedrooms[30], where they cannot even be alone, feel secure, and deal with their trauma, causes many LGBTQI+ refugees to feel depressed, and, in some cases, suicidal. My analysis shows that the Home Office's policies around housing and health during the Covid-19 pandemic is closely linked to 'hostile environment' policies - amplifying housing and food precarity, isolation, exposure to violence, economic insecurity, as well as physical and mental health problems for LGBTQI+ asylum claimants.

Starting from the premise that society needs to make sure to include its most marginalised and vulnerable members in any wider policy measures, I would like to stress the particular needs of lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ+) asylum during the Covid-19 pandemic in the UK. Based on the data discussed above, I suggest the following measures to be taken into consideration when implementing Covid-19 regulations regarding LGBTQI+ asylum claimants. Firstly, the system of immigration detention must be abolished and refugee camps and privatised and hotel accommodation must be closely monitored to ensure safety and health standards for all refugees. However, in the short term, it is essential that LGBTQI+ persons are assigned single rooms in reception and accommodation camps, or assigned safe

LGBTQI+ housing, to minimise risks of violence and stigmatisation and taking into consideration their health.

Secondly, all asylum accommodations should have free high quality internet provision that allow for LGBTQI+ persons to stay in touch with their counsellors, LGBTQI+ community organisations, and friends to tackle extreme isolation and prevent re-traumatisation. Thirdly, specific efforts should be made to ensure accessible health care for all during a health crisis – regardless of residence status – and to minimise stigmatisation and discrimination for LGBTQI+ persons. Healthcare that is particularly relevant to LGBTQI+ people should not be de-prioritised during a pandemic.

And lastly, LGBTQI+ refugee groups and networks need to receive compressive funding support that is appropriate to the workload that essential for offering help and support services. It must be ensured that LGBTQI+ persons have access to these services to minimise risks of re-traumatisation, depression, self- harm and substance abuse.

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ENDNOTES

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[28] This is also true for EU counties such as Germany. The policy brief on queer asylum and Covid-19 in Germany by the Queer European Asylum Network shows, that the healthcare system in Germany is not easily accessible for LGBTQI+ asylum seekers because they lack health insurance and/or fear being outed. LGBTQI+ asylum seekers additionally reported that the lack of information in different language and racial prejudice on the part of health officials deterred them from getting adequate medical help during the pandemic, and in areas that are more rural further risked exacerbating the problem. Online: http://www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/2020-briefings- and-reports-pdfs/Queer%20asylum%20and%20COVI$_1$D$_3$_EN_FINAL.pdf [accessed 18 March 2021]

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