

European Society of Health and Medical Sociology 08 : Health and Wealth in East and West
- Divergence and convergence in Europe
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**Internal Frontiers within the French healthcare system : the case of Roma people.
(Parallel Session 11 "Health system analysis").**

Lurbe Kàtia & Aïach Pierre

By focusing on one of the most excluded populations in the EU - i.e. the Roma people - this paper seeks to elucidate the internal frontiers to social protection and healthcare access within the French healthcare system. To begin with, it will expound the current legal framework concerning Roma people's health rights in France. It will go on to present a critical analysis of Roma people's use of healthcare services, as well as their itineraries of care. Finally, it will present our preliminary inferences regarding the national healthcare program "Mission Rome" launched by the NGO Médecins du Monde (MDM-France) in order to provide health care to Roma people.

Qualitative fieldwork was conducted, based on triangulation of the following methods of data production: 1) documentary review of local, regional and national policies concerning health rights for minorities populations; 2) a series of focused interviews with members of Roma families and in-depth interviews with healthcare professionals and members of the associative sector; and 3) an ethnographic study of the MDM-France's "Mission Rome". Quantitative data has been analyzed by means of the Category-specific and Thematic Contents Analysis, using the Atlas-ti 5 software. This qualitative fieldwork is taking place in three sites located in three different Départements close to Paris: 1) the "terrain du Hanul" (namely, the "Hanul field") in Saint Denis (Département du 93), which is a shanty town where hundreds of Roma families live, 2) the collective emergency housing in the old headquarters in Saint-Maur (Département du 94), and 3) Lieusaint, a town where a successful program of integration of Roma people is claimed to have taken place.

The main conclusions are, firstly, that there are strong barriers to healthcare access for Roma minorities in France; secondly, that there is evidence pointing to violation of health rights in France, since the entrance of Bulgaria and Romania in 2007 to the EU and, thirdly, that the logics of racialization go a long way towards explaining the construction of internal frontiers in social protection and healthcare access within the French healthcare system.

Colloque International « Dynamiques, politiques et expériences du rapport aux « endo-étrangers » en Europe : Roms, Manouches, Yeniches, Gitans et gens du voyage »
Université Victor Segalen, Bordeaux
27-29 avril 2009

Immigrants et migrants roms roumains en France ou les suspects victimes de la méconnaissance générale.

Lucas Y.

L'extrême diversité des familles roms migrantes des PECO et des raisons de leur venue en France permet néanmoins de dégager deux grands groupes : il y a ceux qui souhaitent s'installer dans la société française (immigrants) et ceux qui restent plutôt distants des éventuelles perspectives d' « intégration ». Cependant, qu'ils se trouvent dans l'une ou l'autre des catégories, l'accès au droit commun n'est pas toujours effectif. Ce constat s'explique par une méconnaissance réciproque entre ces populations et les sphères institutionnelles, juridiques et journalistiques locales et une hétérogénéité de l'application administrative des textes nationaux et européens à l'échelle locale.

Annual Meeting of the American Sociological Association
San Francisco,
8-12 Août 2009

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Lurbe i Puerto K & Aïach P.

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VI Congreso Nacional de las Migraciones en España
ESOMI, Fac. Sociologie, Université de La Corogne, Espagne
17-19 Septembre 2009

De la atribución del derecho a la salud a su ejercicio: un análisis comparativo sobre las fronteras internas en los sistemas sanitarios francés y español, en el contexto de la UE-27.

Lurbe i Puerto K.

Desearía compartir una serie de reflexiones sobre la evolución de los derechos de la salud en España y en Francia, poniendo sobre la mesa nuevas fronteras internas de la Europa Social de los 27. Tales reflexiones son el producto de la triangulación de un análisis documental sobre la evolución del derecho a la salud para los migrantes originarios de Bulgaria y Rumania, con los resultados de un primer año de estudio empírico de tipo etnográfico sobre la experiencia de 26 familias gitanas rumanas. Esta apuesta metodológica nos permite no sólo ofrecer una puesta al día de la evolución de las políticas sanitarias poniendo de relieve los proyectos ideológico-políticos de distinta índole y las decisiones pragmáticas que han moldeado el estado actual de la cuestión, sino también plantear la cuestión de la viabilidad del ejercicio del derecho a la salud por parte de las poblaciones migrantes más desfavorecidas y, en nuestro caso, posicionadas socio-políticamente como los endoextrangeros de Europa. Contando en su mayoría con una media de 15 años de asentamiento, la experiencia de estas familias permite visibilizar los múltiples obstáculos que las poblaciones con condiciones de vida extremadamente precarias encuentran para acceder a los distintos recursos públicos de salud. Su experiencia esclarece tanto los cambios, como los invariantes, de sus itinerarios de uso en el sistema sanitario y de sus estrategias de salud, a partir del momento en que a Rumania y Bulgaria se les otorga en el 2007 el carnet de socio del Club UE. Piedra angular de nuestro análisis, el estudio empírico nos saca de los filtros de tipo normativo-legal que moldean el acceso a los recursos estatales de salud, para dar cuenta de prácticas de excepción tal como fue el caso del trinomio conformado por Estado-autoridades locales-ONG que posibilitó la instauración de un dispositivo de acción integral cuyo objetivo fue la "integración social y sanitaria en el derecho común" de 32 familias gitanas rumanas instaladas en el Departamento Seine et Marne (Francia), único programa hasta ahora calificado de éxito en Europa y sin embargo poco publicitado por las autoridades francesas.

13th Biennial Congress of the European Society for Health and Medical Sociology
Gand, Belgique
26-28 Août 2010

Why does multi-situated ethnography develop new competences for sociological research on the poorest and most excluded populations' health as well as for evidence-based health promotion interventions?

Lurbe Puerto K, Lucas Y.

Aim : When extremely poor and excluded populations are concerned, Multi-Situated Ethnography (MSE) represents a valuable research design for health needs and resources diagnosis and for the improvement of health promotion programmes. By focusing on the results of our 2-years community-based participatory study on prevention amongst Roma populations living in France, we will assess the potentials of ethnography-based research for scientific production and health promotion interventions.

Methods/actions : A MSE has been conducted in three distinct scenarios, selected because of the different socio-cultural integration levels and life conditions of the Roma families. These are: 1) the Forest of Mery-sur-Oise, a shanty town where around twenty Roma families live, 2) the collective emergency housing within the old headquarters of Saint-Maur-des-Fossé, and 3) S.A.N. de Sénart, a conglomeration of towns, which an integration plan of Roma people was launched in. This fieldwork has produced scientific data on the healthcare provision and the social accompaniment realised by professionals of the health, social and administrative sectors as well as on Roma's health promotion practices. A reflexive evaluation design has been undertaken through a collaborative work between researchers and professionals by means of an expert panel involving 3 sociologists and 3 social workers, meeting each month.

Results : The MSE allowed building up comparative relations between health practices and socio-economic and geo-political factors amongst "hermetical populations", who hardly share information on their life with outsiders. Simultaneously, the data analysis allowed considering universal similarities, cultural differences and individual singularities. The methodological procedures undertaken helped avoid falling into stigma reification of groups already highly racially discriminated. The participatory dimension of the research contributes to document and share learning across contexts. It also provided a renewed source of dynamism amongst professionals dealing with sensitive fields and very difficult to access. The sensitivity brought by its in-depth comprehensive-based approach moved closer professionals to their Roma beneficiaries, even leading to cases of conflict resolution between both actors.

Conclusion : The acquisition of the required skills to carry out a social and health intervention based on a community-based participatory diagnostic of needs, on an evaluative follow-up of the actions undertaken within researchers-professionals collaborative scenarios is a major asset for the elaboration and management of individual or community-dimensioned professional projects. MSE needs to be revisited and revalued as it comprises a set of competences to give useful informed guidance, by supplying decision-makers and professionals, with sound and comprehensive analysis.

Key words : Multi-situated ethnography, social intervention, methodology, collaborative work between researchers and professionals.

International Workshop "Transnational Migration in Western Europe Today: The Gender and Racial Dimensions"

University of La Coruña, Galicia, Spain

June 2-3, 2011

Workshop convened by Ramón Grosfoguel (University of California, Berkeley) and Laura Oso (ESOMI- University of La Coruña)

What integration for Roma families in shanty-towns? Comprehensive evaluation research on the Program launched by Le Syndicat d'Agglomération Nouvelle de Sénart. (2002-2005, France)

Lurbe i Puerto K.

Background : The presence of Roma minorities in Europe and their relationships with the State is now receiving media coverage, even if it has for long been a sensitive political issue. Research on Roma focuses on poverty and the 'nomad style of life'; few studies approach the contributive factors of their social integration; when looking at the expression of the oppression experienced by this socio-culturally diverse population none has integrated in their analytical framework, an inter-generation, gender and race intersectional slant.

Aim : Focusing on the integration program for 34 Roma families who lived in a shantytown in Le Syndicat d'Agglomération Nouvelle de Sénart (2002-2005, France), we identified the representations of "integration" underpinning it & analysed the constraints/opportunities structure configuring its implementation.

Methods : Comprehensive evaluation research based on the data triangulation from Program archives & Legal framework documentary analysis, in-depth interviews with involved professionals, social-biographical interviews to the families & ethnography with 3 families with distinct social integration trajectories.

Results : The Program specification was elaborated, consensually and as it went along, by the Program Executive Team (PET), as to help families to access to: empowering civil rights (legal status), school for the kids, vocational training to be employable for "regular jobs" (with a women specific track), "proper housing" and become "normal" users of social protection and healthcare services. By analyzing their activities, we traced back how the PET created codes defining ethical practice and regulated their "professional conduct" in doing their mission.

As performance indicator, 30 families obtained a social housing, 2 returned to Romania, 2 accepted in another program. The program involved a State-local authorities-professionals-NGO's joint force. Its success mainly relied on a) exceptions made to the Migration Law to break a major obstacle for these families' integration: the residence permit - access to regular work/housing everlasting circle, b) the resources allocated to provide specific social education and accompaniment, c) the chances opened by the urban policy for dormitory-cities development. The implementation of the Program was marked by a moral economy that will locate each individuals and families differently as regards access to the opportunities offered by the Program scheme, according to their adhesion to a particular vision of gender and generation, intra-familial relationship.

Discussion : Competing notions of "(Roma) citizenship" held by the PET, the families and the other involved actors (Préfecture, local authorities, health practitioners, school directors and neighbors) rose thorough the Program implementation, shaping it. Underpinning the Program implementation, there was also a judgmental vision on the complex relationship that Roma transnational minorities maintain as regards gender, their undervalued racial capital and their intergenerational family strong bounds; which entailed major consequences to the life conditions of these families, once the Program came to an end. PET's capability to apply a socio-culturally sensitive and responsive to families' needs approach was confronted to the value dilemmas and conflicts encountered in interpersonal and professional contexts.

European Congress of Sociology; European Sociology Association
Geneve, Suisse
9-11 Septembre 2011

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25th Annual Conference of the European Health Psychology Society
Crete, Grèce
20-24 september 2011

The configuration of a therapeutic failure with children of marginalised Roma families : for effective transcultural approaches.

Lurbe i Puerto K.

Background : Alin (born in 1993, Timisoara, Rumania) is the elder son of a Roma family settled for ten years in France, having heavy psychomotor and cognitive deficiencies.

Method : Case study of Alin's psychotherapeutic trajectory.

Findings : Socio-cultural representations of mental handicaps, intrafamilial relationships and personal history are interactive determinants of psychological accompaniment and healthcare provision. Mental healthcare team in charge of Alin misconceived in the relations of care: 1) the central role played by the particular status family network attributes to the person with mental handicap and 2) the articulation between diversity, difference and inequality in the family's experience of mental handicap and its care.

Discussion : In socio-culturally diverse contexts, the quality of relations of care depends on professionals' capability to developed socio-culturally sensitive and responsive to beneficiaries' needs psychotherapeutics. Transcultural approach is not effective unless it is integrated to conventional psychological practice, and a collaborative work is settled with the concerned professionals of social work and associative sectors.

Congrès Pluri-thématique de la Société Française de Santé Publique (SFSP) : "Experts et expertises en santé publique"
Lille, France
2 au 4 novembre 2011

Soins en santé mentale d'enfants Roms/tsiganes en France : Apports d'une approche anthropo-sociologique.
Lurbe i Puerto K

Introduction : Alin (1993) et Traïan (1987) sont deux fils de familles Roms de Timișoara installées en France depuis vingt ans. Alin souffre d'une déficience psychomotrice et cognitive grave; Traïan, d'une pathologie carencielle qui s'exprime par un retard psychomoteur avec des signes d'hospitalisme et des troubles isolés du comportement. Si pour ces enfants leur enfance s'est déroulée dans la violence d'un nomadisme forcé dû aux expulsions successives de leurs lieux de vie, les conditions de vie de Traïan se sont améliorées dès lors que sa famille a été sélectionnée par le Projet d'intégration sociosanitaire du SAN de Sénart (2002-2007).

Méthode : Approche anthropo-sociologique des trajectoires psychothérapeutiques d'Alin et de Traïan basées sur une analyse de cas incluant une sociogenèse du contexte individuel et familial.

Résultats : C'est grâce aux informations obtenues dans le cadre du Projet que l'équipe soignante de Traïan a pu intégrer dans le suivi psychothérapeutique et le traitement médical : 1) la place particulière que le réseau familial accorde à une personne atteinte de troubles mentaux ; 2) le rôle des conditions de vie et des croyances liées à l'handicap mental et à la notion de soins. Pour la famille d'Alin, l'absence de partenaires sociaux associée à des difficultés de communication avec l'équipe soignante, a entraîné, par décision parentale, son renvoi en Roumanie auprès de sa grand-mère paternelle. Les représentations sociales « savantes » et « profanes » associées à l'handicap mental, aux rapports familiaux et à l'histoire individuelle se sont avérées être des facteurs qui, non seulement contribuent à la prise en compte de l'enfant dans sa globalité, mais également en interagissant et renforçant la construction de l'accompagnement psychologique.

Discussion : Dans un contexte pluriculturel, la qualité des pratiques médicales et thérapeutiques conventionnelles va dépendre de la capacité des équipes à reconnaître la part des déterminants socioculturels dans la prise en charge des besoins des bénéficiaires, à respecter et à tenter d'appliquer le principe de responsabilisation des familles à l'égard de la santé par le biais d'un travail de collaboration avec les professionnels de l'intervention sociale, du secteur associatif et de la communauté de voisins.