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European and non-European health workers in France during the COVID-19 pandemic: engagement in the disease control and in the French health system's reorganization

Francesca Sirna and Simeng Wang

The present contribution, by cross-referencing two ongoing pieces of research, aims to analyse the roles played by European and non-European health workers in France in the context of the global COVID-19 pandemic crisis and the several convergent challenges that the French healthcare system must face with this. The legal status and careers of European and non-European doctors are different. Comparing them could help to highlight specificities and differences.

We provide the first elements of analysis by drawing on two following independent qualitative field researches carried out in several urban public and private hospitals (AP-HP, CHU, clinics) with physicians and health workers: 20 biographical interviews with intra-European migrants in Marseille¹, 14 biographical interviews and 5 participant observation sessions with extra-European migrants in Paris². These are the two largest cities in France and have the widest number of health staff with foreign degrees. Despite the independent nature of the two qualitative researches, they still have lot in common which is worthy of note.

First of all, it is important to point out that the French National Health System (FNHS) is characterized by an increasing shortage, rationalizing of budgets and cutting in healthcare costs, a strong feminization and an increasing international and geographical mobility of the workforce since the beginning of the 2000s (Acker, 2005). As a consequence of this shortage, foreign qualified physicians have been hired since the 1980s: almost half of them are European and more than 54.5% are non-Europeans. These foreign physicians have several professional positions specially created

in 1987 and in 1995, these professional positions lead with:

- for non-Europeans: precariousness of employment; their contract cannot be renewed twice in the same hospital, consequently they engage in geographical mobility to find new job opportunities;
- for both: they suffer from an overloaded work schedule and repeated hospital guarding despite national and European legislation;
- for both: their earnings are less than 50% of their colleagues having a French degree.

But as a matter of fact, it has been these foreign physicians who have enabled French Hospitals to operate by reducing costs and by providing medical specializations in shortage. In this context, it is relevant to look at two case studies: health workers and medical scientists of Chinese origin working in Paris, and European health workers in the FNHS. What have been their role and inputs in the organization of care during the COVID-19 pandemic? The combination of our fieldwork studies aims to shed new light on key issues such as the professional integration of foreign health workers and their eventual differences according to origin and to nationality.

¹ 20 biographical interviews with: 3 from Portugal; 5 from Italy; 3 from Germany; 7 from Rumania; 2 from Bulgaria.

² Interviewees are all of Chinese origin. Most still have Chinese nationality. Very few of them have taken French nationality.

Health workers and medical scientists of Chinese origin in Paris - The MigraChiCovid Research Project³

The ongoing fieldwork of the Work Package “MEDIC” shows that, among Chinese migrants and their descendants living in Paris, health professionals, medical experts and researchers in biology and medicine have been, since January 2020, actively involved in the organization of care, transnational sharing and circulation of information, knowledge transfer and humanitarian aid in the provision of health facilities.

Precisely, these health workers and medical scientists of Chinese origin are cooperating tightly with French public services – the public hospitals (AP-HP), Pasteur Institute, Emergency medical services in France (SAMU), Ministry of Health – on COVID-19 research, as well as in patient care. By mid-March, a hotline had been opened in the Chinese language at the Emergency medical services in Paris. One Chinese emergency physician was in charge of recruiting ten Chinese-speaking volunteers trained in medicine and living in Paris. Particularly, Chinese skilled migrants working in the health sector have been participating actively in the reception of medical and health equipment, and also in the coordination of transnational humanitarian aid⁴. A medical consultation service has been set up in Chinese for Chinese non-French speaking patients, who have settled in the Pitié-Salpêtrière University

Hospital, in the 13th district of Paris, well known as “China Town”.

Meanwhile, some of these skilled workers of Chinese origin have opened up e-health consultation via WeChat, a Chinese multi-purpose messaging, social media and mobile payment application. Other interviewees gave several online public lectures in Chinese language in the context of COVID-19 for Chinese migrants who do not speak French. These migrant Chinese health-workers play a key role in health care of immigrant populations who have not mastered the French language. They are also key players in the transmission of information from China to France.

The MigraChiCovid Research Project follows-up Simeng Wang’s previous works at the intersection of East and South-East Asian immigrations in France and of sociology of health and mental health, before the COVID-19⁵ pandemic.

European Physicians in Marseille: multi-skilled doctors, overworked schedules and acknowledgement

The research at the Public Assistance Hospitals of Marseille (HP-HM) started before the COVID-19 pandemic⁶. During the pandemic, we kept in touch with respondents by weekly phone calls. In general, their careers are less successful than their French colleagues and less of them hold executive positions. European doctors occupy

³ The research project MigraChiCovid (“Chinese migrations in France facing Covid-19: the emergence of new forms of solidarity in times of crisis”) is co-financed by the National Research Agency (France) and Yunnan University (China). Based on qualitative and quantitative surveys in France, this Project (duration: 2020.4-2021.10; PI: Dr Simeng WANG) is divided into three Work Packages (WPs): (1) studies of the professional practices carried out by Chinese origin doctors and biologists in France facing Covid-19 (WP “MEDIC”); (2) analyses of the experiences of discrimination and anti-Asian racism related to Covid-19 (WP “DISCRI”); (3) analysis of changes in Chinese migrants and their descendants’ relationships to China during the Covid-19 (WP “TRANSNA”). For more information, refer to the website: <https://www.migrations-asiatiques-en-france.cnrs.fr/covid-19/resume-scientifique-du-projet-migrachicovid>

⁴ Since the massive increase of new COVID-19 cases in Europe (March 2020), transnational humanitarian aid in the health sector has been carried out in the reverse

direction of the early pandemic: from China, notably the cities of Wenzhou and Wuhan to Italy, Spain and France.

⁵ See among others Wang S. (2019) “Circumventing regulatory rules and professional legitimizing. The circulation of Chinese Medicine between China and France” in Pordié L. and Coderey C.(eds.) *Circulation and Governance of Asian Medicine*, Routledge, p139-156. Wang S. (2017), *Illusions et souffrances. Les migrants chinois à Paris. [Illusions and suffering. Chinese migrants in Paris]* Paris, Éditions rue d’Ulm (collection « Sciences sociales »), 220p.

⁶ Sirna F., « Les mobilités géographiques et professionnelles du personnel de santé en région PACA : crise économique, pénurie et déqualification », *Faire Savoirs* 13 (12) 2016, p 49-56. Sirna F., « Les médecins à diplôme étranger en France : entre non-revendication et quête de reconnaissance », in Thomas Lacroix et al. (ed.) 2020, *Penser les migrations pour repenser la Société*, Tour, PUFR, 316 p.

specializations neglected by their French colleagues and, as they are often multi-specialists, they have often had to endure workloads beyond the working hours established by law to have the same level of salary as French physicians'. To summarize the experiences of these foreign doctors during the pandemic, here is an excerpt from a phone call with a German anaesthesiologist: *«In this context (of COVID-19), the authorities realize that our presence and our skills are precious and decisive for the smooth running of the hospital... I hope that this awareness will be useful in the aftermath of the crisis. In my department, more than half are foreign-educated people. This is an asset and an opportunity because we can also confront our colleagues in our home countries and respond more effectively to this pandemic... Our French colleagues only now understand the role we play in the French healthcare system. Let's hope they won't forget...»*.

Their familiarity with other National Health Systems and sometimes with the less favourable conditions allows these professionals to put the situation in French hospitals into perspective and take a more positive view of the situation despite the current crisis. In this sense, the following is what an Italian radiologist said: *«All the media do is decry the hospital system, the lack of resources, staff, drugs... French colleagues complain about the deterioration of working conditions. But if I compare it with the situation in the hospitals in North-East Italy, I can say that everything is going very well here. The teams are very well organised, the equipment is constantly arriving. This virus is a monster, but here (in France) everything is well organized to be able to respond properly»*.

First comparative findings

What emerges from this comparative overview is the crucial and essential role played by these foreign practitioners at two levels: the first for the proper functioning and reorganisation of the French health system facing the COVID-19 crisis.

They take care of patients from the general French population, including migrants living in France. COVID-19 offers the opportunity to raise awareness of the contribution of skilled migrants working in the French health sector. Without them, the FNHS would be more understaffed and more affected by COVID-19.

Secondly all foreign practitioners have transnational links established with other countries also affected by this epidemic crisis, such as China, Germany and Italy. Regardless of their nationality, their language and their professional skills, the links with their countries of origin are mobilized as resources in international medical care and cooperation. As a matter of fact, in this global health crisis, the experiences of each country are mutually enriching, demonstrating the importance of international cooperation in the age of health transnationalism.

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THE CHALLENGES OF COVID-19:

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global health and
inequality

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