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Caring for Compatriots during the Covid-19 Pandemic: Professional Practices by Health-Care Workers of Chinese Origin in France

Simeng Wang

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Chinese in France amid the Covid-19 Pandemic

*Daily Lives, Racial Struggles and Transnational
Citizenship of Migrants and Descendants*

Edited by

Simeng WANG

Preface by

Jun JING

Postface by

François HÉRAN

With contributions from

Francesco MADRISOTTI, Yong LI, Xiabing CHEN, Ran YAN



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Jun Jing

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Caring for Compatriots during the Covid-19 Pandemic: Professional Practices by Health-Care Workers of Chinese Origin in France

Simeng Wang

Abstract

This chapter reflects on supporting the health of migrants in the French context, in order to move from an approach focused on “cure” to one prioritizing “care.” In studying the professional practices of Chinese health workers in France during Covid-19, author distinguishes two types of treatment available. The first is what is observed in the French health-care system. Thanks to the medical professionals of Chinese origin who work as hospital practitioners, office-based physicians and therapists, more medical care has been adapted to the needs of the population of Chinese origin. The responses by these medical professionals during an unprecedented health-care crisis revealed the limits of the French health-care system, which does not sufficiently take into account the specific needs of foreign patients, particularly those who are vulnerable based on their language, culture, and socioeconomic status. Second, author examines the Chinese ethnic care networks, which developed on the margins of the French health-care system. For example, e-health monitoring (in Western medicine or Chinese medicine) in Chinese on WeChat was created by the Chinese health professionals living in France and Chinese-language webinars were held with the goal of spreading knowledge about Covid-19 among Chinese overseas. The two kinds of treatment were complementary for keeping migrants healthy during Covid-19. At this unprecedented moment in a health crisis, the response to Covid-19 opened up the possibilities for co-constructing intersectoral systems of action (particularly between medical professionals and social welfare actors) and of collaborating between the clinical Western medicine approach and the complementary and alternative medicine (CAM) approach, with regard to creating more equal access to health care, while questioning the long-term feasibility of these changes.

Keywords

migrants' health – care – Covid-19 pandemic – Chinese overseas – Chinese ethnic networks – e-health monitoring – WeChat – complementary and alternative medicine (CAM) – Western medicine – Chinese medicine – health-care workers – professional practices – French health-care system – foreign patients – vulnerable patients – transnational knowledge circulation – social welfare – health inequality

1 Introduction

Many academic publications in the social sciences as well as in medicine, public health, and epidemiology indicate the exacerbation of social inequality in health care in different countries during the Covid-19 pandemic. In any given society, social inequality in health care among ethnic and racial minorities varies considerably (Abedi et al., 2021; Chowkwanyun & Reed, 2020), because of differences in socioeconomic status, living conditions, and access to health care (Esenwa et al., 2021; Lopez et al., 2021). Peres et al. (2021), for example, note that in Brazil, patients who identified as White (36%) and Asian (34%) had more access to intensive care treatment than patients who identified as Black and Brown (32%) or indigenous (28%). Based on this finding, they argue for more preventive health-care measures aimed at people in ethnic and racial minority groups that are the most vulnerable, in order to address their lower access to testing and treatment for Covid-19, both of which are linked to their lower economic status. In the US, African-Americans have the highest levels of morbidity and mortality linked to Covid-19 (Yancy, 2020). Frydman et al. (2020) and others emphasize that, in addition to genetic or pre-existing conditions, some socioeconomic factors, such as access to health care, food, and lifestyle choices influence coagulation, particularly for the prothrombotic phenotype (of African-Americans) in the treatment of and testing for Covid-19. African-Americans are also likely to have less access to prescriptions for anticoagulants than people who identify as White and are also less likely to have therapeutic treatment.¹ In Sweden, statistics on Covid-19 mortality and morbidity in both the first and the second waves of the pandemic show that foreign-born individuals have affected much more than people born in Swedish (Bredström & Mulinari, 2022). Inequality in health care was exacerbated during the pandemic, sparking a public health crisis, which reflects the history

¹ For more discussion on ethnic and racial disparities in Covid-19 morbidity and mortality, see the summary of relevant literature in French and English in Wang (2021).

of racism and discrimination pervading society and reveals systemic racism in health care more deeply (Blumenthal et al., 2020).

In France, the national survey “Epidemiology and Living Conditions” (Epi-Cov) carried out among economically active French people between eighteen and sixty-four years old, shows the “cumulative effects of social inequality” (Bajos et al., 2020, 8), which affects immigrants and descendants of immigrants, particularly those of non-European origin who often have the most underprivileged social background. Social inequality in health care is especially exacerbated in areas that are considered disadvantaged, such as the Seine-Saint Denis area (Mariette & Pitti, 2020a, 2020b).

In the context of a general shortage of medical resources, non-French speaking immigrant populations are affected by systemic discrimination in health care even more during a pandemic (Azria et al., 2020). This is due to language barriers and a lack of understanding of the French health-care system, as well as their rights in general. The population of Chinese origin in France, a majority of which comprises non-French speaking immigrants, has not been spared the ramifications of inequality in health care, which worsened during the pandemic: a lack of access to treatment and a delay in receiving care, among others. The third and fourth cases of Covid-19 in France in January 2020 were those of an elderly Chinese man and his daughter, both tourists in France. The first died a few days after being hospitalized in Paris, almost ten days after his symptoms first appeared. During these first ten days, no hospital there agreed to admit him (MigraChiCovid, 2022).

From the point of view of the French health-care system and the healthcare professionals who work in it, one might ask: how should a person of migrant background who become vulnerable because of Covid-19 be cared for? And from a migrant patient's point of view, one might also ask the following questions: how does the people concerned cope with the situation? And does he or she mobilize other resources outside the French health-care system? In this respect, shifting from an approach based on a “cure” to one based on “care” is essential. In France, as defined by Pascale Molinier (2010), the notion of “care work” refers to specialized activities that explicitly focus on concern for others. Care consists of proposing actions and ways of doing things that are adapted to the needs of the recipient. Concern for others is all the more a part of Chinese medicine, which requires a care relationship centered on the person who is suffering and listening to the patient. In France, the importance of listening and the relationship and empathy between caregiver and patient is often among the reasons that patients turn to Chinese medicine (Wang, 2022b). Faced with the exclusion of Chinese and Chinese-speaking patients from the French health-care system, health-care professionals of Chinese origin and other resource persons within ethnic networks are mobilizing to find solutions.

This chapter focus on health-care providers of Chinese origin, who work in the French health-care system or on the periphery of it, and who, in one way or another, are involved in one way or another in the care of Chinese patients during a pandemic—knowing that their patients might come from outside Chinese ethnic networks. On the one hand, new medical and paramedical practices have emerged thanks to these medical professionals of Chinese origin who—despite not being especially numerous—work in the national health-care system. Because they hold the title of “doctor,” these medical professionals of Chinese origin are particularly well placed to handle this change in the health-care system during this public health crisis; we return to this later. On the other hand, thanks to the particular characteristics of the Chinese diaspora population in France and health practitioners working on the margins of the French health-care system, some at-home health-care practices observed in Chinese networks rapidly developed outside the French health-care system during the pandemic. These characteristics include population concentrations in certain urban and suburban areas, the abundance and availability of ethnic and community resources for the treatment and prevention of Covid-19 during the pandemic (see Chapters 2 and 5), and accessible physical and digital resources.

This chapter is based on the observation of these two coexisting social realities: on the one hand, vulnerable Chinese migrants suffering the consequences of social inequalities in French health-care system, and on the other, these same people access care thanks to community resources. There is a paradox between the fact that they are more or less neglected by the French health-care system and the fact that they are finally equipped with care resources throughout the pandemic. This chapter aims to analyze this paradox and how it was built and how it was made possible, by examining the interventions of caregivers of Chinese origin within the French health-care system or on its margins: the creation of a new Chinese-language emergency phone line, launching alerts about pandemic conditions for French colleagues, sharing and translating scientific information in different languages, offering care using Chinese medicine, and so on.

2 Health Care for Chinese People in France: Heterogeneity and Inequality Exacerbated by Covid-19

The majority of the Chinese population residing in France lives in Île-de-France. They form an extremely heterogeneous group in terms of social class, gender, ethnic origin, geographic origin, and migratory generation (Wang, 2017). This diversity is reflected in geographic access to medical services (conditioned

above all by place of residence), in relationships with French health professionals (*Médecins du Monde*, 2009; Wang, 2013), in the distance from Western clinical medicine (Rovillé-Sausse & Prado Martinez, 2009), and in Chinese medicine practiced in China and in the diaspora (Wang, 2019a). Indeed, the social support networks for Chinese patients, the nuclear and extended family configurations as well as the level of education, the proficiency in French, and more globally the social backgrounds of Chinese patients are the most salient factors that influence their health-care practices—developed at the local, national, and transnational scale—in normal times as well as during the Covid-19 pandemic.

Moreover, it is important to emphasize the fragmentation of the population of Chinese origin in France in terms of knowledge of the French health-care system. Using statistics collected through the online MigraChiCovid questionnaire (see Figure 11.1, as estimated with a multinomial logistic regression and presented as a ratio of exponential odds), we found that, among the respondents, those who were born outside France and are now naturalized citizens were more likely to say that they have gained general knowledge of the French health-care system since the start of the Covid-19 pandemic than descendants

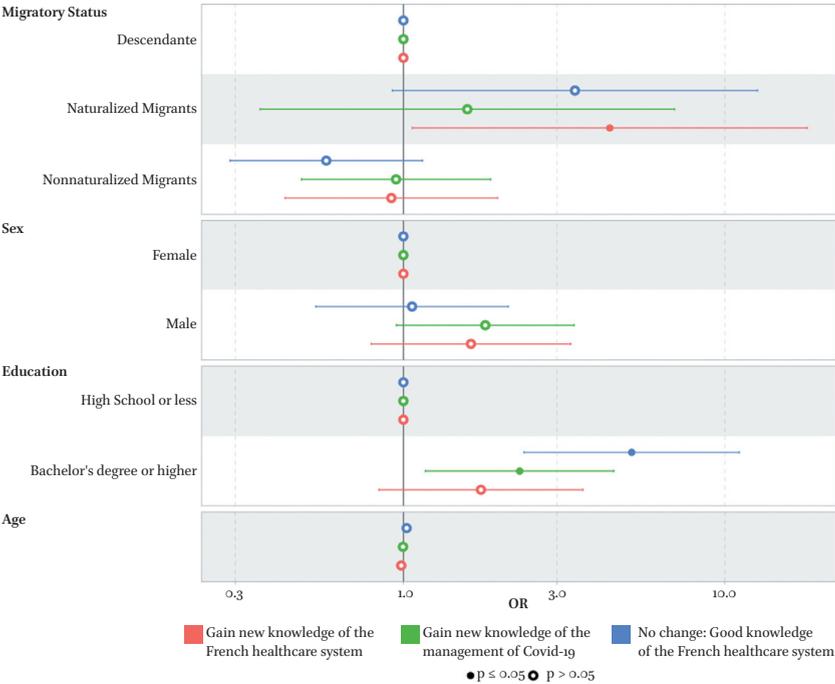


FIGURE 11.1 Knowledge of the French health-care system and the evolution in Covid-19-related knowledge among Chinese people in France

of migrants born in France (probability = 4.39, 95% CI = 1.07, 18.1, p -value = 0.040) or that they already have good knowledge of the French health-care system (probability = 3.41, 95% CI = 0.92, 12.6, p = 0.066) than to say that they are not well informed about the French health-care system, and the pandemic did not change this. Migrants who are not naturalized, however, were less likely than descendants born in France to indicate that their knowledge of the French health-care system was good before the Covid-19 pandemic and remained so. They also indicated that they have little knowledge about the French health-care system, with no change during the pandemic (however, these differences do not appear to be statistically significant [probability = 0.58, 95% CI = 0.29, 1.15, p = 0.12]). Regardless of migratory status, the most educated group of respondents (bachelor's degree or higher) were more likely than the least educated group (high school diploma or below) to say that their knowledge of the French health-care system was more or less the same before and after Covid-19 and that they already understand the system relatively well (probability = 5.13, 95% CI = 2.37, 11.01, p = 0.001) or that they had gained new knowledge about the management of Covid-19 (probability = 2.30, 95% CI = 1.17, 4.52, p = 0.016).

In the following pages, we first examine the treatment offered to patients of Chinese origin by medical personnel from the same migratory background who work in the French health-care system, including hospital workers, doctors, and non-hospital-based medical professionals. We look at their engagement with the reorganization of the French health-care system, which aims to reduce social inequality in health care. We analyze the diverse professional practices of these medical professionals of Chinese origin: the creation of a Chinese-language emergency services hotline, the launch (with French colleagues) of a pandemic alert system, and the sharing and translation of scientific information in different languages, among others. We highlight the dual roles as facilitator and mediator played by medical professionals of Chinese origin working in the French health-care system. These health-care professionals facilitated the transnational circulation of knowledge and medical information related to Covid-19, while also supporting access to health care for patients of Chinese origin, particularly those whose economic conditions are unstable or who do not speak French.

Then, we study the health-care practices developed by medical professionals of Chinese origin who work on the margins of the French health-care system: practitioners of Chinese medicine and paramedical personnel, among others. They are trained in Western or Chinese medicine, but their credentials are not recognized in France, and they often received their degrees before immigrating to France. These medical practices take the form of care and prevention methods organized within Chinese ethnic networks, both physical and virtual. Examples include the creation of Chinese-language telehealth systems

(using both Western and Chinese medicine) with WeChat and the distribution of Covid-19 kits from China to Chinese students studying in France, among others.²

3 Working toward Better Treatment for Chinese Patients: Actions of Doctors of Chinese Origin in France

The actions that health-care professionals of Chinese origin have taken to mitigate the effects of systemic discrimination and the lack of support for Chinese migrants inevitably occur within the pandemic-related reorganization of the French health-care system and are influenced by renewed professional concern due to Covid-19. They include the high-level government decision to create new systems for treating patients and sharing expertise (Bergeron et al., 2020), the coordination of medical activity between health-care institutions and medical and social organizations (CNS, 2021), and the structure of local primary care (Hassenteufel et al., 2020) amid a larger regionalization of health care. It also includes patient triage practices and the hierarchization of clinical, social, and interpersonal activity (Gaudillière et al., 2021), as well as access to available information at a time of medical uncertainty (Bloy, 2008; Castel, 2008) for doctors, their sociability within professional networks (Castel, 2005), the use of new technology and telemedicine (Manus, 2021), the postponement of nonurgent surgery, and suspension of paramedical treatment, among others.

3.1 *The Creation of a New Chinese-Language Emergency Services Hotline*

In March 2020, during the first lockdown in France, a Chinese-language hotline was put in place for French emergency services, called the SAMU. The line is active between 8 am and 6 pm, and the call center team consists of twelve people of Chinese origin, including two psychologists. All the call center agents have medical training, which they obtained in France or China. Before the hotline opened, there was also a twenty-four-hour training course in emergency medicine. The initiator of this hotline is Dr. Na, an emergency room doctor. She arrived in France in 2009 through an exchange program between Wuhan University and Pierre and Marie Curie University, earned an undergraduate degree in emergency medicine, followed by master's degree in

² This refers to a mobile app for text and voice messaging developed by the Chinese company Tencent. For information on the use of WeChat among the Chinese diaspora worldwide, see Sun and Yu (2022).

integrative biology and physiology (specializing in clinical and experimental pharmacology) in 2013. That year, she passed the exam for a French medical license, enabling her to practice medicine in France.³

Since 2013, she has worked in the emergency room at Pitié-Salpêtrière Hospital. As soon as she began working there, she proposed the creation of a consultation system specifically for patients of Chinese origin. The consultation system was created in 2015; one afternoon a week, she sees patients for general medicine consultations. According to her, the patients are diverse in terms of profession and immigration status, comprising students, businesspeople, salaried employees, tourists, and undocumented migrants. They all lack familiarity with the French health-care system, largely because they lack proficiency in the French language. Their reasons for seeking medical care vary widely and include chronic illness, cancer, and vaccinations. For Dr. Na, the fact that she had spearheaded this consultation system for Chinese patients (proposed in 2013 and created in 2015) greatly facilitated the establishment of a Chinese-language emergency services hotline because doing so enabled her to obtain a good understanding of the organizational steps required to set up this type of service. She also already knew the administrative procedures and the people in charge of this type of health-care service, which involves not only medical but also social organizations.

After it was created, word of this hotline spread within the Chinese population in France via ethnic networks that link different subgroups of the population: the Chinese embassy in France, Chinese media outlets based in France, and Chinese university associations, among others. According to Dr. Na, the hotline experienced its first peak in calls at the end March/beginning of April 2020: ten to twenty calls a day. That number fell at the beginning of May, and it received almost no calls until mid-May 2020. During the summer of 2020, the situation was relatively calm, and Dr. Na was the only person who continued to work the hotline. The number of calls rose again in October 2020, when the second wave of the pandemic began in France. In comparing these two peaks, she says:

Compared to the first wave [of the Covid-19 pandemic], this time [October 2020], the people [Chinese patients calling the hotline] seemed much more collected, and were calm: “I tested positive [for Covid-19], what should I do now?” Whereas during the first wave, it was [a time of] complete panic for patients. There was a lot of controversy between doctors

3 She was licensed to practice medicine in China in 2009.

over what the best treatments were, so, patients were very worried, and we felt their stress immediately. This time, in October, people knew that 85 percent of diagnosed cases would be mild.

INTERVIEW CONDUCTED IN CHINESE, OCTOBER 2020

Fluctuations in the use of this emergency services hotline by people of Chinese origin mirrored the Covid-19 conditions in France, notably when hospitals were at capacity, and the French health-care system was overwhelmed. The creation of this hotline, coupled with offering adapted methods of care for immigrant patients—particularly of Chinese origin—during the first period of the pandemic reduced social inequality in health care and facilitated access to care for migrants. At the same time, this response by Dr. Na also shed light on the limits of the French system, especially the lack of translation services available to patients in health-care contexts. However, translation services are routinely offered to migrants from English-speaking countries, such as Canada and the United States.

3.2 *Non-hospital-based Care on the Frontlines*

Like Dr. Na, Dr. Lei is a doctor of Chinese origin who received her medical degree in France. After arriving in France in 2000 during her first year of medical school in China, Dr. Lei quickly realized that medical degrees from China were not recognized in France, and, so, she abandoned her studies in China and start again in France. After spending two years studying French, she passed the entrance exams for medical school and enrolled at Paris Descartes University in 2004, repeating one year of studies. She graduated in 2017 with a degree in general medicine and began to work at a clinic in Bussy St-Georges in 2019.

After two years there, Dr. Lei was the primary-care doctor at the practice for 1,900 patients, who, she said, reflected the demographic makeup of the community: 30% were Asian, including 20% of Chinese origin. In our interview, she described with pride and conviction her job, her specialization, and the organization of the health-care system in France:

I like the contact with patients—listening to them and having a friendly conversation. In France, clinic-based care is a parallel method to treatment at a hospital. I think that [the French] developed this pathway relatively early. ... They organized treatment in cities, in general medicine, and through family doctors, which really helps the public system. ... If I can help China one day, if I go back to China, I would like to participate in the development of this system of treatment in cities.

INTERVIEW CONDUCTED IN FRENCH, JANUARY 2021

At the beginning of the Covid-19 pandemic, Dr. Lei was the first doctor in her clinic—which houses several other independent doctors, who specialize in gynecology and pediatrics, among others—to be aware of the severity of the situation and to wear a mask during consultations in order to protect herself. Despite her colleagues' doubts at the beginning of the pandemic about the need to protect themselves, she continuously warned them of the danger (see Chapter 2). Dr. Lei was also an early promoter of telehealth:

We can do video consultations to avoid having an outbreak on the premises. And this is what we did, and I strongly encouraged my colleagues to do this as well, so that we could try and keep the clinic as unaffected as possible. After the first lockdown [March 2020], there were many fewer visits, and fewer patients, but behind the scenes [online] it was nonstop. ... For me, telehealth consultations were new, and before this, I wasn't at all interested in telehealth—I preferred face-to-face appointments. But when the pandemic started, I found that we didn't really have a choice, and it was also a measure to protect others, the most vulnerable. ... I treated patients who were diagnosed [with Covid-19] or who had suspected cases. We had protocols—the health insurance system and the Department of Health sent us protocols.

INTERVIEW CONDUCTED IN FRENCH, JANUARY 2021

In fact, the third stage of the planned pandemic response strategy, which was officially reached in March 2020 (see *Ministère de la santé*, 2020) explicitly predicted that non-hospital-based doctors would find themselves “on the frontlines in ensuring treatment for patients who do not require hospitalization.” This shed light on the unique position of clinics and independent medical professionals during a particularly destabilizing pandemic, caught between the official stance of public authorities—which was to avoid sending Covid-19 patients to hospitals if possible—and the needs of the population, particularly if they required care that surpassed what clinics could offer.

As a non-hospital-based doctor, Dr. Lei actively participated in the reorganization of daily work at her medical practice during the urgent public health conditions caused by the Covid-19 pandemic. This included managing patient flows, the use of telehealth appointments (Iengar et al., 2020), and adapting treatments. She also collaborated with an anti-Covid center in a suburb of Paris and helped handle the delivery of 1,700 pieces of PPE sent from China, donated by three Chinese churches in Paris (see Chapter 12).

In this section, based on our interviews with Dr. Na and Dr. Lei, we analyze the actions of medical professionals of Chinese origin to reduce inequality in

health care that were exacerbated by the Covid-19 crisis and affected Chinese and other patients. These two cases are complementary: one doctor works in a hospital and the other in a clinic that serves the public. In both cases, these doctors, originally from outside France, contributed to improve the French health-care system and played dual roles by facilitating access to care for patients and acting as intermediaries for information and treatment related to Covid-19 for their colleagues. For both Dr. Na and Dr. Lei, we note the narrowing relationship between the medical and social sectors, as seen in how they work with emergency services and collaborate with an anti-Covid-19 center. They performed “medical-social” tasks beyond what is strictly medical or clinical. This is echoed in research by other colleagues on French doctors during the pandemic. The Chinese-language emergency call line launched by Dr. Na helped to reduce the communication problems and lack of knowledge of the French health-care system. As shown by a qualitative study carried out among ethnic Chinese in the Netherlands, they underuse mental health services (Liu et al., 2015). The study states that the main obstacles identified concern practical issues, such as communication problems and a lack of knowledge of the health system. The Chinese interviewees also reported concerns about actual or anticipated discrimination in access to care. Measures suggested in the study for improving care include increased use of interpreters and cultural mediators, encouraging migrants to increase their language proficiency, and better dissemination of information about the health-care system. In the next section, we examine the health-care practices developed by medical professionals of Chinese origin who work on the margins of the French health-care system.

4 Mobilizing Diaspora Resources and Caring for Compatriots on the Margins of the French Health-Care System

Different medical treatments and preventive practices for fighting Covid-19 have developed in Chinese ethnic networks. These practices were put in place by actors from diverse backgrounds: practitioners of Chinese medicine who are not recognized as doctors in France, businesspeople, volunteers at Franco-Chinese organizations, representatives from the Chinese embassy in France, and ordinary citizens, and others. Despite the fact that they are often invisible to those outside these networks, health-care resources that exist outside the French health-care system—or, in other words, within Chinese ethnic networks and include mutual aid, transnational care systems, and traditional Chinese medicine—have always existed (Wang, 2019a, 2022a). During the pandemic, however, because of both the scale and the urgent nature of Covid-19, these ethnic resources became more visible.

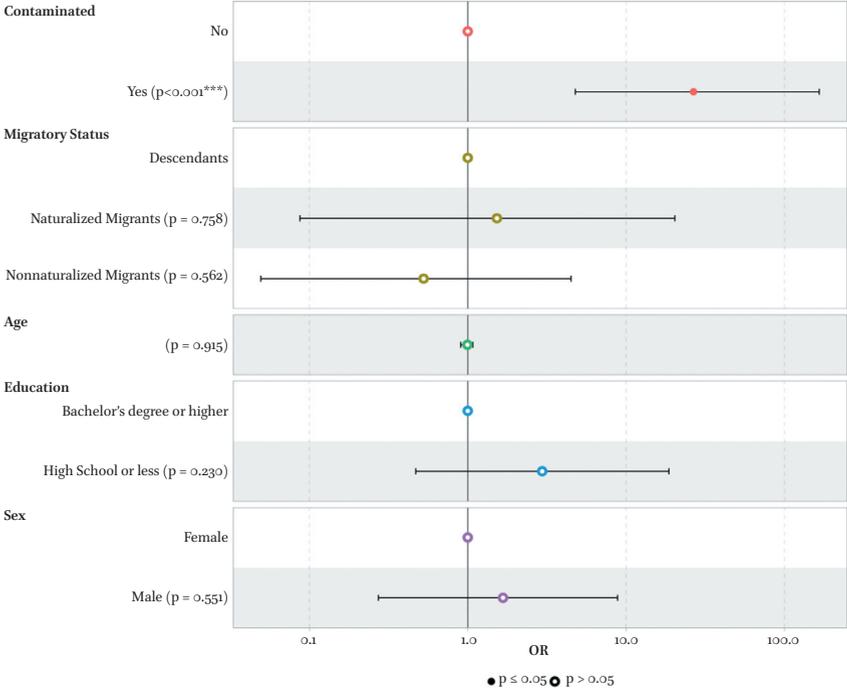


FIGURE 11.2 Tendency among Chinese people in France to seek treatment with Chinese medicine

4.1 Medical Pluralism in the Treatment of Covid-19

Among the 387 respondents to the MigraChiCovid questionnaire, thirteen people—nine women and four men—claimed to have been infected by Covid-19. Figure 11.2 shows the results of a logistic regression examining how the fact of Covid-19 infection affected the probability of seeking telehealth appointments or in-person appointments in “alternative” medicine, namely Chinese medicine, by the respondents to the online questionnaire. This model considers only a subset (n = 261) of the original sample composed of respondents who stated that they had been infected (n = 13) or had not been infected (n = 248), excluding respondents who said that they did not know whether they had been infected (n = 118) or did not wish to answer the question (n = 8). After we controlled for migration status, age, education, and sex, the respondents who had been infected with Covid-19 were much more likely to seek telehealth appointments or in-person appointments in Chinese medicine [OR = 26.6, 95% CI = 4.78, 166, p = < 0.001].

Our qualitative findings support these statistics. The interviews carried out with five infected patients of Chinese origin and one close family member of an infected person (in all, four women and two men; four migrants and two

descendants born in France; see Appendix Table 11.1, which summarizes the treatment plans for these six patients) enable us to recreate their treatment plans. One patient (patient 1) was treated only with Chinese medicine. Three patients (2, 4, and 5) were treated only with Western medicine; close family members of patients 2 and 4 (spouses, children, or parents) consumed Chinese medicinal herbs aimed at prevention. Finally, two patients (3 and 6) were treated with a combination of methods. In other words, they started out with Western medicine and then moved more toward Chinese medicine or vice versa, depending on whether their health deteriorated or believed that whichever treatment they had started was ineffective. In this respect, most of these patients of Chinese origin alternated between two medical approaches—Chinese medicine and Western medicine—and their treatment plans were strongly influenced by medical pluralism (Wang, 2022b).

The combined approach was highlighted in the pandemic context by the urgent nature of Covid-19 and the lack of research, clinical trials, and treatments available at the beginning of the public health crisis. Some patients therefore felt moved to try alternative medicine even though they were hesitant to do so in before the pandemic. A cousin of one patient said in our interview:

My cousin [who had a PhD in biology from University of Paris 13] does not believe much in Chinese medicine—for him, it's not very scientific, but I pushed him to take some [Chinese medicine], saying, "In any case, right now you have nothing else to take for this illness, so you might as well try it—it won't kill you." I also told him that Ms. Cai [practitioner of Chinese medicine] is very competent. In the end, after he had taken Chinese medicine for two days, his energy came back quickly, and his sense of taste and smell returned as well, so he kept taking it and said, "Ah, it's magical, it's really good."

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Ms. Cai, mentioned in this interview, is not officially recognized as a doctor but practices at a Chinese medicine clinic in Rueil-Malmaison, a suburb west of Paris. Originally from the Wenzhou region, she went to France in 1988 at age twelve and is now forty-five years old. She is descended from four generations of Chinese medicine practitioners in China and grew up surrounded by the culture of Chinese medicine. After studying first to become an accountant and then a nutritionist, she began to pursue it professionally. After she finished a training program in Chinese medicine and received a degree in international acupuncture recognized by the French government, she opened her

own Chinese medicine practice in 2018.⁴ In addition to her work in health, she is now a businesswoman and owns and manages a small Chinese supermarket, as well as advocating for Chinese culture as a defender of rights against racism and discrimination against people of Chinese origin (see Chapter 10).

In February 2020, Ms. Cai created four WeChat groups in which she provided telehealth advice and care. This consisted largely of giving advice based on users' state of health, particularly those with suspected infections with Covid-19 and diagnosing and following up with patients. The majority of the latter were of Chinese origin, with a few French and Italian people as well. At the time of our interview (October 2020), Ms. Cai was also contributing to nine other WeChat groups, in which she gave information sessions on Chinese medicine, mostly in Chinese, to spread information about self-diagnosing Covid-19, so as to be prepared. In addition to offering treatment, Ms. Cai was also involved in the supply and transnational exchange of masks (see Chapter 12).

Ms. Cai estimates that she treated more than a hundred Covid-19 patients between February and October 2020. In March 2020, she started to write a book about her experience in treating Covid-19 with Chinese medicine. The French edition of this book, *Vaincre le Covid-19 et autres virus par la médecine traditionnelle chinoise* [*Overcoming Covid-19 and Other Viruses with Traditional Chinese Medicine*] was published in July 2020.⁵ The book was also translated into Spanish. The treatments that Ms. Cai offers work in conjunction with treatment using Western medicine. She works with, among others, a primary-care physician originally from Vietnam who practices in Amiens and who attended a training program in Chinese medicine.

This general practitioner and I transfer patients between us, and we try and direct them toward biomedicine or Chinese medicine. As I don't have the right to prescribe [medicine], I send him some patients who need medication.

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The Covid-19 pandemic, more than any other modern historical event, has changed the way in which treatment is offered—namely, via the internet (Pierce et al., 2021). In addition to consultations via WeChat in Western

4 She is a member of the National Federation of Traditional Chinese Medicine (FNMTTC).

5 For more information on the book, see <https://livre.fnac.com/a14946216/Angelina-Jingrui-Cai-Vaincre-le-Covid-19-et-autres-virus-par-la-medecine-traditionnelle-chinoise/>.

medicine or Chinese medicine, another way in which the platform is mobilizing treatment resources within the Chinese network is in making medical and related information on the Covid-19 virus and disease more accessible, through webinars and other events. They are organized by different actors, including Chinese media, organizations, and the Chinese embassy, in collaboration with health-care experts from researchers to medical personnel, and aimed at the general population of overseas Chinese.

4.2 *Making Medical and Paramedical Information about the Covid-19 Virus and Disease Accessible*

On April 4, 2020, during the first national lockdown in France, Renmin Net (owned by the *People's Daily*, the newspaper of the CCP) and the Chinese embassy to France co-organized a virtual conference hosted by Dr. Zhang Wenhong, an infectious disease specialist and professor at Fudan University in France. The conference was aimed at Chinese people in France, specifically students. During the conference, the audience posed many questions for Dr. Zhang: How did he think Covid-19 conditions will evolve in France? What exchanges of scientific information on Covid-19 have taken place between China and France, and what are possible future collaborations between the two countries in fighting the pandemic? How can people protect themselves in daily life? During this conference, Lu Shaye, the Chinese ambassador to France, Ren Limin, the spokesperson of the Union of Chinese Researchers and Students, Xu Kui, the president of the Franco-Chinese Overseas Chinese Association, the president of the Franco–Southern Chinese Chamber of Commerce, and several representatives of Chinese students in France attended online.

Later, on November 8, 2020, during the second lockdown in France, Oushidai Media, which is part of the Chinese media group *Ouzhou Shibao* (News from Europe),⁶ and the Franco-Chinese Medical Association organized a webinar with three doctors,⁷ two of which are of Chinese origin, on the theme “Preventing and Containing Covid-19, Staying Healthy.” The goal of this webinar was to spread up-to-date information about Covid-19 conditions in France and to dispense professional advice about staying healthy to people of Chinese origin living in France. In more than three hours of discussion, the

6 This media group was registered in France in 1983, and today, as it handles current events in Europe, it has offices in different European countries. See the official website <http://www.oushinet.com>.

7 A recording of the webinar is available at <https://www.youtube.com/watch?v=F5-gGeR23Do/>. The three doctors are: Christian Huet, an emergency services doctor in Paris, at the Necker Hospital and the Pitié-Salpêtrière Hospital since 2001; Yanni Hu, a general practitioner, in a medical practice in the third arrondissement in Paris; Na Na, an emergency room doctor at Pitié-Salpêtrière Hospital, discussed earlier in this chapter.

audience raised more than fifty questions, ranging from differences between the two waves of the virus to treatments for Covid-19 and vaccine campaigns.

That same month (November 2020), *Ouzhou Shibao* organized a series of online conferences, dedicated to psychological support and resources during the pandemic for overseas Chinese living in Europe.⁸ The four sessions focused on family communication,⁹ managing stress and emotions,¹⁰ music therapy,¹¹ and painting therapy.¹² Two of the speakers were mental health professionals living in China, and two other presenters live in France and Germany, respectively.

Chinese medicine and its ability to treat Covid-19 occupied a special place at these three events. This highlights the willingness of the Chinese state to bring Chinese medical norms to the international stage, through the globalization of Chinese medicine (Wang, 2019b). Together, these events reveal the ways in which Chinese-language medical and scientific information on Covid-19 has been made available to ordinary overseas Chinese. Expert resources can be found in France and other European countries, as well as in China. Thanks to digital tools and techniques, the sharing and transnational circulation of knowledge is made possible.

These virtual meetings with health-care professionals from China, France, and Europe can be seen as a kind of collective response to the worries of others, for their countrymen who live abroad, as a way to complement the health-care system in the living country. Some of these activities were organized at the behest of the Chinese state or of organizations that represent China abroad, such as the distribution to Chinese students of Covid-19 kits from China, coordinated by the education branch of the Chinese embassy in France. (For a more detailed analysis of this state-organized action, see Chapters 2, 7, and 12.) Finally, in our fieldwork, we noticed other types of self-organized treatment and preventive actions on the margins of the French health-care system, developed at the local level between neighbors in some residential housing developments, in areas with especially dense concentrations of low-income populations of Chinese origin (see Chapter 5). The Chinese diaspora population in France has organized diverse forms of treatment, structured through different subgroups of the Chinese people in France, based on social and professional status and residential address.

8 <http://www.oushinet.com/activity/web/content.html?apply=false&isApp=true&id=811415622129811456/>.

9 <http://www.oushinet.com/static/content/video/Chinatown/2020-11-30/78443036371478192.html>.

10 <http://www.oushinet.com/static/content/video/Chinatown/2020-11-30/784430363714781193.html>.

11 <http://www.oushinet.com/static/content/video/Chinatown/2020-12-07/78956977604493320.html>.

12 <http://www.oushinet.com/static/content/video/Chinatown/2020-12-07/789589123269656576.html>.

5 Conclusion

In the face of social inequality exacerbated by the pandemic, two types of treatment have become available—in the French health-care system and on its margins—and are complementary; both are indispensable for helping people to remain healthy and offer more equal access to Covid-19 care for immigrants.

Thanks to the medical professionals of Chinese origin who work in the French health-care system, more adapted medical care is available for the population of Chinese origin. The responses of these medical professionals, during this new and unprecedented health-care crisis, revealed the limits of the French health-care system, which does not sufficiently take into account the specific needs of foreign patients, particularly those who are vulnerable due to their language, culture, and socioeconomic status. Other health-care practices have developed on the margins of the French health-care system, among the Chinese diaspora in France. To protect, inform, and care for their overseas compatriots, people of Chinese origin have organized different forms of care and protection, sometimes in subaltern ways, at the local level, based on neighborhood relations, in places where there is a concentration of people of Chinese origin in the working and middle classes. One example is the development of a therapeutic aspect of Chinese medicine, which requires a care relationship centered on the person who is suffering and listening to the patient. Each subgroup of the Chinese population in France has mobilized the resources, information, and treatments that are available to that group.

Nonetheless, the public health crisis has not changed the health-care hierarchy, made up of the French system, which is grounded in a clinical Western medicine approach, and the so-called alternative medicine practices developed at its margins. It also has not overturned the professional relationship between medical actors—who work in hospitals and medical offices—and paramedical actors, as well as local governments and regional public health responses.

The gendered aspect of care work, observed in our fieldwork, should be emphasized. The health professionals we met are all female. The link between care and women might be obvious (Memmi, 2017), but it is relevant to mention the history of subaltern care and service work, which is mostly handled by women in the Chinese diaspora in France and, at the same time, the demographic characteristics of student movement from China to France, which is also mostly female, across disciplines (Campus France, 2021).¹³ Furthermore, the Covid-19 pandemic changed the delivery of care, taking advantage of the

13 Among the 29,731 Chinese students enrolled in degree programs in France in the 2019–2020 academic year, 60% are women.

internet, unlike any other event in modern history (Pierce et al., 2021). The virtual encounters described in this chapter can be understood as a form of collective caregiving by people of Chinese descent to Chinese people in China and elsewhere, complementing the living country’s health-care system.

At this unprecedented moment, the response to Covid-19 has illuminated the potential for co-constructing intersectoral systems of action (particularly between the medical sector and the social sector) and for medical pluralism (patient-centered care) with regard to creating more equal access to health care and, at the same time, questioning the long-term feasibility of these changes. All these elements invite further reflection on the important component of care work in a therapeutic relationship, as well as the organization of care and the health sector (Butler, 2020; Green et al., 2022). By taking into account the vulnerability of racialized people and people of immigrant origin, the ethic of care demands a rethinking about the relationship with justice (Molinier, 2010; Paperman & Laugier, 2005) in the era of global health.

APPENDIX TABLE 11.1 Summary of the treatment plans of the six Covid-19 patients or relatives of patients interviewed

Patient or relatives of patient	Origin and profile	Period of infection/disease	First care sought	Second care sought
1 (Male) cousin of the patient interviewed	Chinese (migrant, came to France post 2010, PhD candidate)	October 2020	Practitioner of Chinese medicine (CM): prescription, entering in contact with Chinese herbalists in Belleville (end of treatment)	
2 (Male) son of the patient interviewed	Chinese (migrant, went to France in the 1990s, unskilled worker)	April–May 2020	French emergency services (SAMU) - Hospitalization -discharge of the hospital (end of treatment)	During the period of the first national lockdown in France, the family of the patient drank an herbal infusion of Chinese medicine as a preventive

APPENDIX TABLE 11.1 Summary of the treatment plans of the six Covid-19 patients (*cont.*)

Patient or relatives of patient	Origin and profile	Period of infection/disease	First care sought	Second care sought
3 (Female) son of the patient	Chinese (migrant, went to France in the 1980s, unskilled worker)	April 2021	Practitioner of CM	SAMU - Hospitalization -discharge of the hospital (end of treatment)
4 (Female)	Chinese (descendant of Chinese migrants, born in France in the 1990s, skilled worker)	March 2020	General Practitioner (teleconsultation) – Covidom (website) online follow-up (end of treatment) Her parents (living in the same household) are following various natural remedies (e.g., hot ginger beverages) since Covid-19	
5 (Female)	Chinese (descendant of Cambodian migrants of Chinese origin, born in France in the 1990s, skilled worker)	April 2020	General Practitioner (teleconsultation, prescription of the drug Dolipran) – Call for the SAMU (she was advised to stay at home; prescribed treatment with Doliprane) (end of treatment)	

APPENDIX TABLE 11.1 Summary of the treatment plans of the six Covid-19 patients (*cont.*)

Patient or relatives of patient	Origin and profile	Period of infection/disease	First care sought	Second care sought
6 (Female)	Chinese (migrant, went to France post 2010, skilled worker)	October 2020	Teleconsultation via the platform "Doctolib" (prescription for Doliprane)	Entering in contact with the Union of Chinese Researchers and Students in France (UCECF), receipt of the Covid-19 health kit distributed by the Chinese embassy in France. She took Chinese medicine <i>lianhua qingwen</i> in the Covid-19 health kit for ten days (end of treatment)

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