



**Health, care and risks management in the  
institutions for the confinement of  
unauthorised foreigners in France and Spain**

**Kàtia LURBE-PUERTO & Michèle BAUMANN**

**Research funded by the Juan de la Cierva Program  
Ministry for Education and Research, Spanish Government**

**The Canadian Society for the Sociology of Health/Société Canadienne de Sociologie de la Santé,  
28th/30th Oct. 10, Ottawa, Canada**



## Research aims

**This ethnographic research undertaken in France and Spain seeks:**

- **To describe the place of health** within Retention Centers for those unauthorized foreigners over whom hangs a deportation order because of their situation of administrative irregularity
- **To shed light on the risk management media** within these institutions for the confinement of non-authorized migrants.
- To analyze **the role of health professionals** as regards **the application of the politics of borders control** and **the management of non-authorized immigration.**



## **Background. The Centers for the Retention of Migrants to be deported (CRM)**

Officially launched at the beginnings of the 80s (FR: 1981, SP: 1985), they represent:

**A precautionary measure for migrants deportation** giving to the Administration the possibility “to retain” a foreigner over whom hangs a deportation act, the time to organize his/her removal from the territory.

**An administrative measure**, allowing the expulsion, for motives for maintenance of law and order or for escorting him/her back to the border, as penalty for lacking of residence permit.

**A judicial measure**, applying the condemnation to a punishment of ban on the territory, as penalty of an offence.

CRM respond to two principles of the current State Nations:

- To launch an immigration management highly determined by public security
- To reinforce, on a repressive mode, the immigration control



## Approximately 200 CRM in the EU-27, in 2010

CRM in FRANCE	CRM in SPAIN
<ul style="list-style-type: none"><li>■ <b>21 CRM</b> managed and under the surveillance of the <b>National Police</b></li><li>■ <b>5 others</b> managed and under the surveillance of the <b>National Gendarmerie</b></li><li>■ <b>Other CRM staff:</b><ul style="list-style-type: none"><li>■ <b>OFII Agent (ex-ANAEM):</b> provides a social mediation</li><li>■ <b>Associative Agent:</b> provides legal and social accompaniment.<ul style="list-style-type: none"><li>■ <b>Until 06/2009 CIMADE, Order of Malta, Forum to Take refuge, Collective Respect, France Earth of Asylum, Association Family Migrants social services department</b></li></ul></li><li>■ Currently, holding a mission of " neutrality and confidentiality ": CIMADE, Ordre de Malte, Forum Réfugier, Collectif Respect, France Terre d'Asile, Association Service Social Familial Migrants.</li></ul></li><li>■ <b>Cleaning and cooking staff</b></li><li>■ <b>Medical Unit within the CRM (Signed convention with a Hospital Center)</b></li></ul>	<ul style="list-style-type: none"><li>■ <b>10 CRM</b> managed and under the surveillance of the <b>National Police</b></li><li>■ <b>Other CRM staff:</b><ul style="list-style-type: none"><li>■ <b>Social worker:</b> provides a social mediation</li><li>■ <b>Cleaning and cooking staff</b></li><li>■ <b>General Practitioner of the National Police and/or medical staff of a Hospital that is external to the CRM (signed convention)</b></li></ul></li></ul>
	<p><b>In France</b>, specialized policemen (1994): The Police of Air and Borders (<b>PAF</b>), of the Central Police Director for borders (DCPAF)</p> <p><b>In Spain</b>, National Policemen, under the order of <b>Brigades for foreigners</b>, of each Spanish Autonomous Communities.</p>



## The Medical Unities of the Centers for the Retention of migrants to be deported (MU)

All individuals retained in a CRM has the right to see a doctor.

### MU-CRM in France

*Circulaire DPM/CT/DH/DLPAJ/DEF/GEND n° 99-677 du 7 décembre 1999*

\* The GPs are full-time/part-time medical staff that the hospital where they work makes at the disposal of the CRM. Signed convention between hospital & CRM

**Mission:** dispensation of the **healthcare** and the individual and collective prevention.

\* Respect for the medical deontological ethics and, in any circumstances, an attitude of reserve and neutrality.

#### **Flexible law on MU-CRM configurations,**

➤ **Hence, the high diversity of structural organization and services / resources coverage, from a center to another.**

• UM-CRM federated in an "Association law 1901" (FUMCRA, head office in Nice), since 2005

### MU-CRM in Spain

*RD 155/96 de 02-02-96. CVI. Infracciones y Sanciones. Sec.5. CIE. Art.112.*

\* Legislation does not provide any description of the medical staff profile.

" A sanitary service with the availability of staff, instruments and equipment needed for the permanent and emergency attention of the retenees "

**Mission:** dispensation of the **healthcare** and of the organization and inspection of the hygiene of the place, of the food and of the hygiene and cleanliness of retenees.

**According to legislation, the Director of the CRM decides on the configuration of his " sanitary service ", thus big variety of configuration of organization and services / resources from a CRA to the other one**

➤ **Hence, the high diversity of structural organization and services / resources coverage, from a center to another.**

There is no structure federating the medical staff of the CRM. No contact/exchange between them.

## + Methodology. Ethnographic & socio-historical study on health and care provision within CRM

**A Documentary analysis on the evolution of the MU-CRM implantation & health and care provision in CRM**

Documents:

- Legislation texts
- Press
- FUMCRA Conferences of 2005 & 2008
- European Parliament Reports
- ONGs (CIMADE, Red Acoge) and Migreurop Network Reports

**An ethnographic study in the UM of 2 CRM**

CRM (max. 150 pers.)

- Semi-Participant observations, for 3 continuous weeks (2009), with conversation interviews to staff and detainees.

CRM (max. 35 pers.)

- Semi-participant observations of half-day each 15 days, for 9 months (2007/8), with conversation interviews to staff and observation of interservice meetings.

**Critical analysis of content of documents and discourses**



## **Results 1. The place of health within CRM**

**Conditions of health /diseases intervene in the liberation of the “*expulsables migrants*”:**

**In Spain and France, the infectious diseases difficult to manage without an specialized infrastructure (tuberculosis)**

- **Particularly in France:** the diseases that are associated to feelings of fear and disgust (scabies), the mental illness that can damage others or oneself (suicides) and certain pregnancies (by IVF, < 3 months)
- **Particularly in Spain:** any pregnancy.

**Decisions on the release of a retenees for a reason of disease / healthcare rely on the Freedom and Detention Judge’s opinion. If given, the release order does not automatically entail a residence permit.**

**The pressure on the concerned authorities “to attain the rate of migrants expulsions estimated by the governments” bring " the hunting of illegal migrants " towards the ruined squats and to catch the homeless people, which explains the increasing presence of persons with drug addiction within the CRM over the time.**



## Results 2. Risk Management



**Types of unwanted events, for whom the UM intervenes :**

### **Transmission of contagious diseases**

*Eg. Release of a retenee during his/her airport transfer because she had declared to the PAF which escorted him/her to have scabies and not to follow any treatment for it.*

### **Crisis of aggressiveness: damage of the furniture; self-mutilation, suicides; aggression to others.**

*Eg. Release of retenees having psychiatric treatment for a sever depressive syndrome with major social isolation and hallucination " in FR, after a suicide attempt.*

*Eg. Anticipation of the date for the deportation of a retenee who had damaged some furniture and show himself aggressive with the staff*

### **Riots or escape**

**The risks linked to the reclusion of former prisoners within the CRM, who are awaiting for their deportation**

## + Results. Risks Management (Continuation)



### ■ Risks management is based on :

- **Actions of surveillance and control centred on the dissemination of information relative to the medical care provision and on the management of medical evaluation-related risks.**

Being due to "medical confidentiality" the MU staff seeks a maximum degree of confidentiality on the general information on their beneficiaries and on the disorders they can present.

Nevertheless, since the MU staff perceive a situation as entailing "a risk", the exception becomes the rule: the MU opts "to share the secrets" with the other institutional actors.

### « 3 risks-related profiles » :

- **The consumers of toxic products**
- **Individuals with a chronic disease that is susceptible to generate symptoms requiring a hospitalization**
- **Individuals with a behaviour considered as "strange" by one or some of the institutional actors.**
  - The definition of a risk-related profile is not the exclusivity of the MU. The assessment which rests on multiple aspects where knowledge and feelings are intertwined, normally leads to a request from the MU for the PAF to watch the most ready on the retenee.



## Results 2c. Risks Management



**This management is conducted by means of:**

**Ad hoc or planned educational sessions** taught by the MU staff on specific contagious diseases and on the notions of transmission and contagion.

**The architecture and the neatness of the space**

**Sufficient and satisfying meal supplied**, which contributes to environment pacification

**Individual strategies of exception:**

*Eg. Surveillance and attentiveness techniques specifically developed by the MU: the way of distributing medicines.*

Although the general rule is to give to the persons their treatment for several days (normally until the next consultation), for some detainees (especially those who receive psychotropics and those with a treatment for a drug addiction) the medicines are delivered at several moments during the day. We observed that the treatment can be also left, in an envelope, at the post of police, assigning to the PAF the mission of its delivery.

### + Results 3. Le rôle of health professionnels as regards the politics of control and of immigration management

**Health professionals are confronted, when they exercise their medical functions, to major moral/deontological dilemmas.**

In carrying out their duty to guarantee access to healthcare, they cannot avoid to constantly take part in the public security-based logics of surveillance and control of related to any CRM.

- The **UM-CRM in France** have a capacity for releasing the retenees or for influencing over the deadlines for the deportation: **eg by means of the medical certificate.**

The **standardization of their medical practices** is their main normalization strategy that seeks to develop:

- A **precaution mechanism** in front of the risk of falling into arbitrary actions or, on the contrary, of systematically "sliding" towards special treatments in favor of the release from a CRM.

- The recognition of the professionalism and the endowment of their actions with the maximum of credibility, in particular with the aim of maintaining privileged rapports with the public health head and/or the judges.

**... social relations crossed by a moral economy**



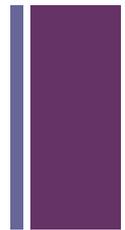
## Conclusions

**At the very core of the Nation-State, CRM are particular spaces.**

**Conceived for *non-criminals*, detainees have nevertheless fewer services and less opportunities to exercise their rights (what makes CRM comparable to penal systems).**

**To federate the Medical staff in CIE will contribute to incentivize exchange of experiences between them and to diversify their functions.**

**To institutionalize an European network of Medical Units will help fight against the unequal services coverage and quality of the care between the CRM.**



**Thank you very much for your attention.**

**Please let us keep in touch, if interested  
in the issue:**

**Dr. Kàtia Lurbe-Puerto (SC): [katia.lurbepuerto@uni.lu](mailto:katia.lurbepuerto@uni.lu)**